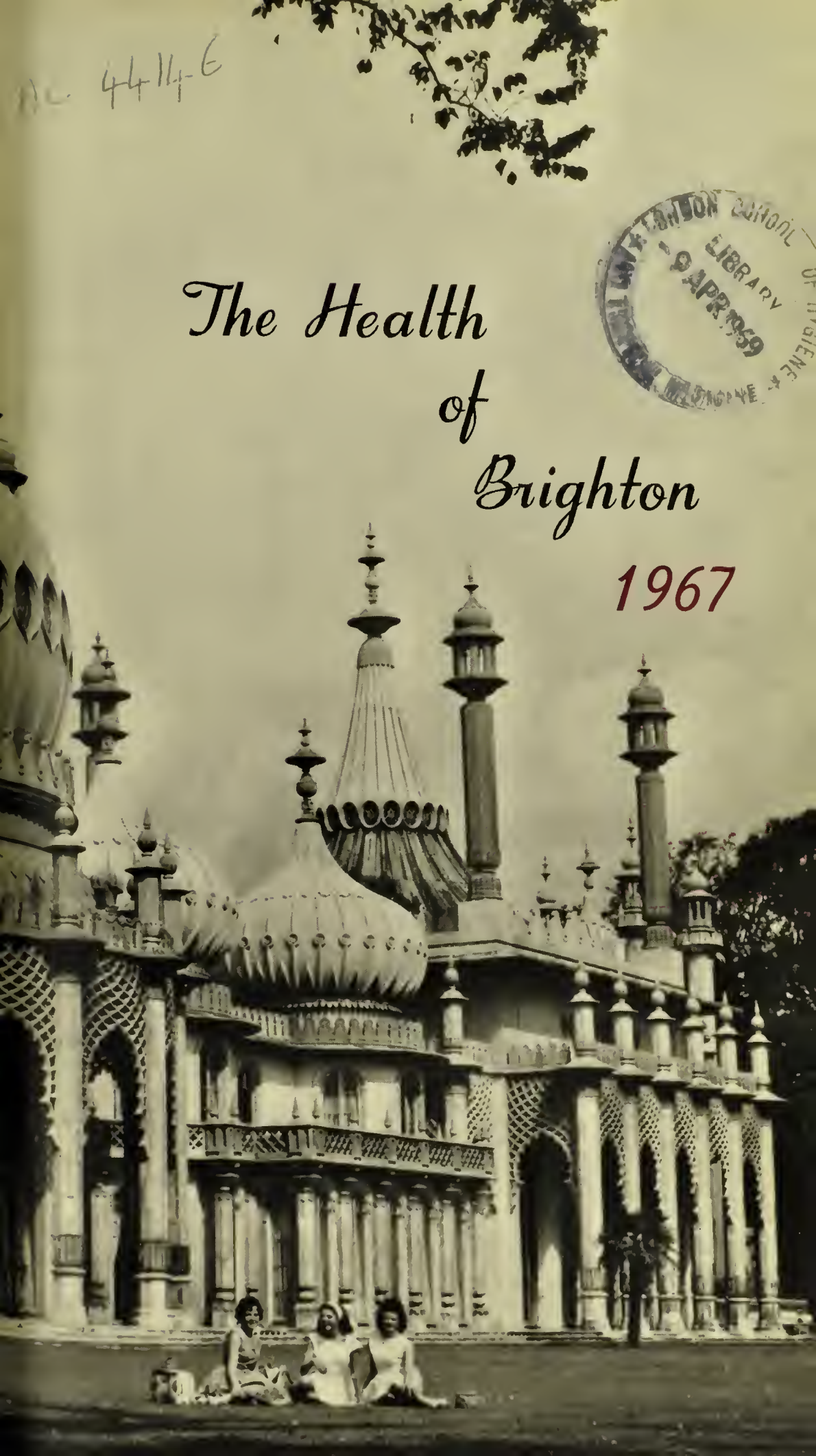
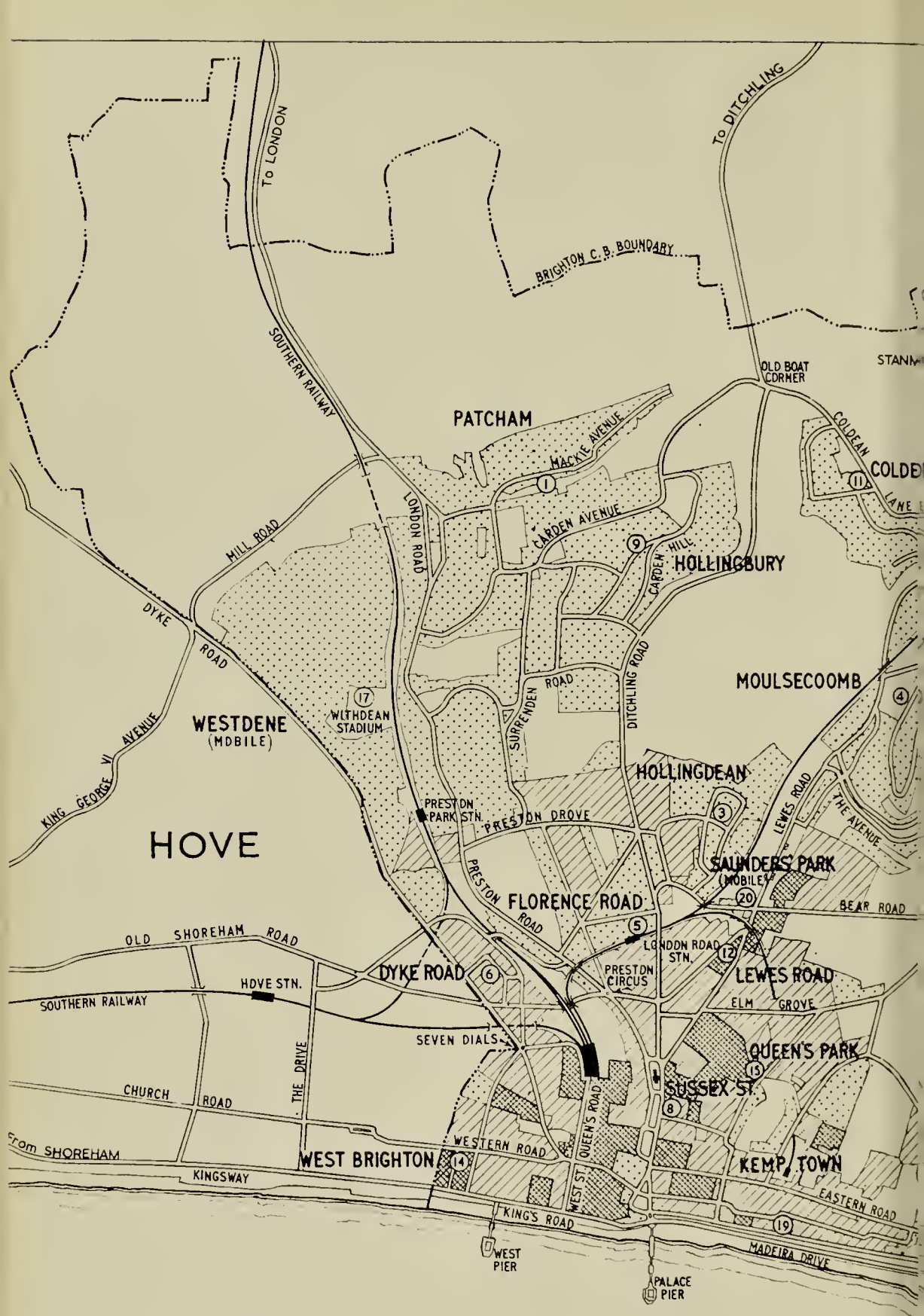
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LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE LIBRARY 9 APR 1969

The Health of Brighton

1967





SCALE OF MILES (Approximate)

0 ¼ ½ ¾ 2 Miles

F. N. B. PATTERSON.
B.Sc., A.M.I.C.E., M.I.Mun.E., M.I.H.E.,
BOROUGH SURVEYOR, ENGINEER
AND PLANNING OFFICER.
BRIGHTON

D.14766 D.H. Rev. '68

COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1967

W. S. PARKER, *V.R.D.*, M.B., Ch.B., D.P.H., D.I.H.

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ealth Department,
oyal York Buildings,
ld Steine,
righton,
NI INP.

elephone : Brighton **29801**

18467

November 1968

To the Mayor, Aldermen and Councillors
of the County Borough of Brighton

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
LIBRARY
- 9 APR 1969

Ladies and Gentlemen,

I have the honour to submit my Annual Report for 1967. The circumstances affecting the health of the borough in this period are set out in the following pages which record the devoted and efficient work of the staff of the Health Department.

On the credit side several matters can be mentioned.

The clinic provided by the voluntary Brighton Cancer Project was taken over by the Health Department as from April 1967 and has continued its vital preventive work in the continuing campaign against breast and cervix cancer in women.

The review of the mental health services for Brighton was completed in November 1967. When the Council have implemented its findings, Brighton will have an adequate local authority mental health service. It is to be hoped that the present national financial stringency will not hamper these necessary developments. In the meanwhile, the new hostel in adapted premises at 83 Beaconsfield Villas was opened in February. This accommodates 13 children up to the age of 16 years. It will be recalled that the Planning Committee placed a limit of age 16 on this hostel: the children are getting older every day and some are already on the age limit. It is essential that some continuity be achieved by building a hostel for adult sub-normals as soon as possible.

The junior wing of the Downsview training centre was extended on both floors to provide two extra classrooms with a better sub-division of classes and an opportunity of some facilities for the doubly-handicapped.

The mobile trailer-type maternity and child welfare clinic, which has been so useful on outlying sites and new estates, has been replaced by a purpose-built motor clinic which is much easier to handle and which is roomier and has better facilities. Immediately before going into service the new clinic formed the centre piece of the motor vehicle demonstration at the Royal Society of Health Conference at Eastbourne, where it was the subject of much favourable comment.

The Ministry of Health, in conjunction with the University of Edinburgh, have undertaken a research project into general practice in Brighton. A health department team consisting of two health visitors, a district nurse, a state enrolled nurse and a nursing orderly have been attached to a group practice. The actual period of study will be the twelve months from November 1967. From the outset it has been evident that this teamwork has been a success: the patients are better cared for and the work of the family doctor is no easier but is much more productive and satisfying. Almost all the credit for the organisation and conduct of this most important venture is due to the administrative ability, tact and initiative of your Chief Nursing Officer.

After considerable pressures a Brighton Home Safety Council was appointed with an Executive Committee served by the Corporation's officers. This has made several suggestions which have been carefully examined by the Health Department's health education section.

In October the National Conference of the Royal Institute of Public Healt and Hygiene was held in the Royal Pavilion. This permitted a considerabl number of exchanges of views, both formally and informally. At the Conferenc Exhibition the Brighton Health Department organised a stand showing th various aspects of our work: there was much favourable comment on th display, which was prepared and set up at short notice by Miss Howard of th Health Education section.

There have been no immediate factors affecting the health of the town. I is necessary, however, to draw your attention to the statistics of unnecessar deaths from lung cancer, preventable by the money saving action of nc smoking cigarettes, or, for those who do not wish to give up, of transferrin from cigarette-smoking to a pipe or cigars. The other health factor is dent decay. Over half of Brighton schoolchildren show evidence of active dent disease at school dental inspection. Some long term solution to this eve present problem must be achieved when it is recalled that a third of a millio pounds a year is spent in Brighton on dental attention.

This report is prepared at a time of national financial stringency. I have n reason to think that the services are not economically and well conducted Your Health Department staff is drawn from many professions: all have th best traditions of the local government service at heart in their devotion t duty and thought for the individual citizen. It is not possible to ask more o them than they can efficiently carry out. If it is found necessary at any tim to restrict services due to financial stringency, then I trust that the Counci will appreciate the reason for limitation and will explain the circumstances t the people of Brighton.

In the common task of promoting the health of our townspeople gratefu acknowledgement is made to the following for their help and collaboration:

The Chief Officers of the Corporation;

The family doctors of Brighton;

The hospital services and staff;

Dr. J. E. Jameson and the staff of the Public Health Laboratory;

Many voluntary associations in the town.

The main burden has, however, fallen on your own staff to whom I woul pay unstinted tribute.

I conclude by thanking the Chairman and Members of the Health Committe for their encouragement and support which has greatly helped me in my work

Yours faithfully,

W. S. PARKER,

Medical Officer of Healt

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Infectious Diseases	17
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School Health Service (follows above)	

MEMBERS OF COMMITTEES ON 31st DECEMBER 1967

Health Committee

The Worshipful THE MAYOR (Alderman R. Bates)
Alderman G. B. BALDWIN
,, A. W. BRIGGS
,, H. NETTLETON (Chairman)
,, A. V. NICHOLLS
Councillor Mrs. B. CARROLL
,, G. R. CARTER
,, M. D. COHEN
,, J. CURRIE
,, G. W. HUMPHREY
,, Mrs. G. R. MORRISON
,, Mrs. C. L. NETTLETON
Councillor A. E. POOLE
,, R. B. ROGER-JONES
,, Dr. A. SLESS
,, Mrs. H. P. SOMERVILLE
Miss E. B. HYSLOP
Mr. H. LESTER
Mr. F. MARTIN
Dr. L. J. BEYNON
Dr. H. G. PAGE
Mr. J. J. LOUGHRAN
Mr. M. J. GILKES
Mr. R. H. COLEMAN-COHEN

Health (General Purposes) Sub-Committee

The Worshipful THE MAYOR (Alderman R. Bates)
Alderman NETTLETON
,, NICHOLLS
Councillor Mrs. CARROLL
,, CARTER
,, CURRIE
,, HUMPHREY
Councillor Mrs. NETTLETON (Chairman)
,, Dr. SLESS
,, Mrs. SOMERVILLE
Miss E. B. HYSLOP
Dr. L. J. BEYNON
Mr. R. H. COLEMAN-COHEN

Public Health Officers

Medical Officer of Health:
W. S. PARKER, *V.R.D.*, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Deputy Medical Officer of Health:
P. J. C. WALKER, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer:
P. M. BROWN, M.B., B.CH., D.P.H. (resigned 31st December)

Senior Assistant Medical Officer of Health:
M. T. FERNANDES, M.B., B.S., L.M., D.P.H., D.I.H., D.C.H. (from 23rd May)

Assistant Medical Officers of Health: (Part-time)
*ANNE B. COWAN, L.R.C.P., L.R.C.S. (resigned full-time 30th November)
*MURIEL G. WARREN BROWNE, M.B., CH.B.
*BERYL P. EADIE, B.SC., M.B., B.CH.
*FLORENCE P. GRICE, M.R.C.S., L.R.C.P., M.B., B.S.
*MARY M. HAY, L.R.C.P., L.R.C.S., L.R.F.P.S.
*DAPHNE M. HUNT, M.B., B.CHIR.
*ELIZABETH D. MELVILLE, M.B., B.CH.
*ELSPETH A. MORRISON, M.B., B.S., M.R.C.S., L.R.C.P.
*HILARY B. MURDOCH, M.R.C.S., L.R.C.P., M.B., B.S.
*BARBARA J. NEWMAN, M.B., B.S.

Senior Consultant Chest Physician: G. H. C. WALMSLEY, M.B., CH.B., D.P.H.

Consultant Chest Physician: F. B. MEADE, M.B., B.S., M.R.C.P.

Public Analyst: T. E. RYMER, F.R.I.C.

Veterinary Officer: J. S. J. LAUDER, M.R.C.V.S.

Chief Public Health Inspector: R. S. CROSS, F.R.S.H., F.A.P.H.I.

Chief Nursing Officer: Mrs. E. BEITH, S.R.N., S.C.M. (Part 1) H.V.CERT.

Superintendent Midwife: Mrs. M. WOOD, S.R.N., S.C.M.

Chief Mental Health Officer: L. MEADWELL, S.R.N., Q.N.CERT., C.S.W., M.S.M.W.O.

Chief Ambulance Officer: A. J. SUMPTER, F.I.A.O.

Health Education Organiser:
Mrs. Q. H. ROLFE, S.R.N., S.C.M. (Part 1), H.V.Cert., Dip. Health Education (resigned 31st August)

Miss A. E. BURKITT, S.R.N.(N.Z.), Dip. Health Education (from 13th November)

Domestic Help Supervisor: Miss M. I. HUMPHERSON

Chief Clerk: R. ASPDEN, D.P.A.

* Part-time

HEALTH COMMITTEE

Delegated Powers

1. Pursuant to Part II of the Fourth Schedule to the National Health Service Act 1946, all the powers and duties of the Council as local health authority under the National Health Service Acts 1946-1961, the National Health Service (Amendment) Act 1957, the Mental Health Act 1959, and the National Health Service (Family Planning) Act 1967.

2. All the powers and duties of the Council under:—

(*a*) The Public Health Act 1936: Sections 39 drainage and 44-52 (sanitary conveniences, drains and cesspools); 75 (provision of dustbins); 79-82 (noxious and offensive matter); 83-86 (filthy or verminous premises, articles and persons); 89 (sanitary conveniences at inns etc.); Part III (nuisances and offensive trades); Sections 138, 140 and 141 (water); Part V (disease); Sections 187-195 (nursing homes); Sections 196 and 198 (provision of laboratories and mortuaries); Section 203 (notification of certain births); Section 205 (employment of women in factories, etc.); Part IX (common lodging houses) and Sections 259-261 (watercourses, ditches etc.);

(*b*) The Food and Drugs Act 1955 (except Part III—provision and regulation of markets and Sections 70-73 and 81);

(*c*) The Midwives Acts 1936 and 1951;

(*d*) The Brighton Corporation Act 1931: Sections 230-235 (slaughter houses); Sections 354, 355, 357-364 (drains and sanitary conveniences); Sections 367-388 and 395-397 (infectious disease and sanitary matters); Part XXI (human food) and Sections 534 and 536 (certain nuisances); the Brighton Corporation Act 1936: Section 29 (nuisance from pigeons); and the Brighton Corporation Act 1948: Section 47 (as to decorative repair of working-class houses) so far as affects notices served under Section 93 of the Public Health Act 1936, Part VII (infectious diseases and sanitary provisions) and Part VIII (food);

(*e*) The Shops Acts 1950 to 1965 and Part I of the Young Persons (Employment) Act 1938;

(*f*) The Diseases of Animals Act 1950;

(*g*) Factories Act 1961, except the powers and duties of the Council as Fire Authority;

(*h*) Fabrics (Misdescription) Act 1913;

(*i*) The Prevention of Damage by Pests Act 1949;

(*j*) Rag Flock and Other Filling Materials Act 1951;

(*k*) Slaughterhouses Act 1958, and Slaughter of Animals Acts 1933 to 1954;

(*l*) Merchandise Marks Act 1958;

(*m*) Pharmacy and Poisons Acts 1852-1941; Pharmacy and Poisons (Amendment) Act 1964;

(*n*) Cancer Act 1939, Section 4 (institution of proceedings);

(*o*) Prevention of Damage by Rabbits Act 1939;

(*p*) Riding Establishments Act 1964;

(*q*) Nurses Agencies Act 1957;

(*r*) Nurseries and Child Minders Regulation Act 1948;

(*s*) Pet Animals Act 1951;

(*t*) Agricultural Produce (Grading and Marking) Acts 1928-1931;

(*u*) Fertilisers and Feeding Stuffs Act 1926;

(*v*) Mines and Quarries Act 1954; Part XIII;

(*w*) The Brighton Corporation Act 1954: Section 28 (as to defective premises) and Section 29 (registration of premises used for sale of certain frozen liquids);

(*x*) The Clean Air Act 1956, except so far as it relates to the control of new buildings;

(*y*) Agriculture (Safety, Health and Welfare Provisions) Act 1956 (Sanitary conveniences for agricultural workers);

(*z*) Sea Fisheries (Shellfish) Act 1967 and Sea Fish (Conservation) Act 1967.

(*aa*) Noise Abatement Act 1960;

(*ab*) Brighton Corporation Act 1960, Section 13 (Disposal of lost and uncollected property) so far as it relates to property under the control of the committee;

(*ac*) Public Health Act 1961: Sections 17, 18, 20, 21 (Drains and sanitary conveniences) 26 (Defective premises), 32 (Food storage in existing houses), 35-37 (Filth and vermin), 38-42 (Prevention and notification of disease), 72 (Discharge of steam), 74 (Powers as to pigeons) and 77 (Byelaws as to hairdressers and barbers);

(*ad*) Home Safety Act 1961;

(*ae*) The Offices, Shops and Railways Premises Act 1963 (except Sections 28-41);
(*af*) The Animal Boarding Establishments Act 1963;
(*ag*) The Licensing Act 1964; Sections 44 and 45 (Inspection of premises);
(*ah*) Farm and Garden Chemicals Act 1967;
(*ai*) Slaughter of Poultry Act 1967.

Legislation under which duties are carried out, (a) for the Housing Committee:—

Housing Act 1949.
Housing Act 1957.
Housing (Underground Rooms) Act 1959.
House Purchase and Housing Act 1959.
Housing Act 1961.
Housing Act 1964.
Slum Clearance (Compensation) Act 1956.
Housing (Financial Provisions) Acts 1958 and 1959.
Underground Room Regulations, made by the Council in 1962 under the Housing A 1957.
Housing (Management of Houses in Multiple Occupation) Regulations 1962.
Housing (Prescribed Forms) Regulations 1957 to 1966.
Housing (Repairs and Rents) Act 1954.
The Rent Act 1957.
The Rent Act 1965.
Rent Restriction Regulations 1957.
Protection from Eviction Act 1964.
Landlord and Tenant Act 1962.
Section 47, Brighton Corporation Act 1948.
Standards for houses in multiple occupation made under the Housing Act 1961, a approved by the Council in 1963.

(b) for the Planning Committee:—

Declaration of Unfitness Orders under the Land Compensation Act 1961.
Town and Country Planning Act 1962, under which reports are made regarding loss residential accommodation.
The Building Regulations, 1965.

(c) for the Legal and Parliamentary Committee:—

Brighton Corporation Act 1966: Sections 7 (coffee bars, clubs, etc.), 8 (mobile coffee stall etc.).

LIAISON WITH OTHER AUTHORITIES

The following appointments are held by the officers of the department:

Medical Officer of Health

Member of:

The Brighton and Lewes Hospital Management Committee.

St. Francis and the Lady Chichester Hospital Management Committee.

The General Medical Committee and the Obstetrics Committee of the Brighton Executive Council.

Representative of the Association of Municipal Corporations on the Central Council for Health Education.

Chief Dental Officer

Member of:

Brighton Executive Council.

The Finance and General Purposes Committee, the Dental Replacements and Releasements Committee of the Brighton Executive Council.

Brighton Local Dental Committee.

Deputy member of:

Allocation Committee, Dental Service Committee, and Joint Service Committee of Brighton Executive Council.

Chief Nursing Officer

Deputy Chairman of the Public Health Committee of the Royal College of Nursing.

Member of:

The Council for the Training of Health Visitors.

The Public Health Nursing Liaison Committee.

Chief Public Health Inspector

Member of the Consumer Protection Sub-Committee of the Association of Municipal Corporations.

Deputy Chief Public Health Inspector

Hon. Secretary, Food and Nutrition Group, Royal Society of Health.

VITAL AND GENERAL STATISTICS 1967

Home population Mid-year (Registrar-General's estimated figure)	162,160
Area (in acres)	14,613
Number of houses and flats (including dwellings over shops) at 1st April 1967	56,995
Rateable value of Borough at 31st March 1968...	£11,559,216
Estimated product of the rate of one penny 1967/1968	£45,999

Marriages, 1,464. Rate per 1,000 population, 9.03.

Live births:	Males	Females	Total
Legitimate	982	992	1974
Illegitimate	176	167	343
	1158	1159	2317

		Area comparability factor (births)	Adjusted birth rate
Live birth rate (per 1,000 population)	14.29	1.11	15.86
,, ,, ,, (England and Wales)	17.2		

		Rate per 1000 (live and still) births
Stillbirths—total	36	15
,, ,, (England and Wales)		14.8

Total live and stillbirths	2353
Infant deaths (legitimate 19; illegitimate 3)	22
Infant mortality rate per 1,000 live births—total	9†
,, ,, ,, ,, ,, (England and Wales)	18
,, ,, ,, ,, ,, legitimate live births	10
,, ,, ,, ,, ,, illegitimate live births...	9
Neonatal mortality rate per 1,000 live births	6
,, ,, ,, ,, ,, ,, (England and Wales)	12.5
Early neonatal mortality rate per 1,000 live births	5
,, ,, ,, ,, ,, ,, ,, ,, (England and Wales) ...	11
Perinatal mortality rate per 1,000 live and still births	21
,, ,, ,, ,, ,, ,, ,, ,, ,, (England and Wales)	25
Illegitimate live births per cent of total live births	14.8
,, ,, ,, ,, ,, ,, ,, ,, ,, (England and Wales) ...	8.4
Maternal deaths (including abortion)	1
Maternal mortality rate per 1,000 live and still births	0.42
,, ,, ,, ,, ,, ,, ,, ,, ,, (England and Wales)	0.20

		Area comparability factor (deaths)	Adjusted death rate
Deaths	2592		
Death rate (per 1,000 population)	16	0.68	11
,, ,, (England and Wales)	11.2		

†Lowest recorded. Previous lowest in 1965 was 16.

Causes of Death (Registrar General's Return)

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS 1—	5—	15—	25—	35—	45—	55—	65—	75 & over
1. Tuberculosis, Respiratory	M	9	–	–	–	–	–	–	–	–	3	4	2
	F	4	–	–	–	–	–	–	1	–	1	2	–
2. Tuberculosis, other	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	1	–	–	–	–	–	–	–	1	–	–	–
3. Syphilitic Disease	M	3	–	–	–	–	–	–	–	–	–	–	3
	F	–	–	–	–	–	–	–	–	–	–	–	–
9. Other Infective and Parasitic Diseases	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	4	–	1	–	–	–	–	–	–	2	1	–
0. Malignant Neoplasm, Stomach	M	40	–	–	–	–	–	–	–	2	10	15	13
	F	26	–	–	–	–	–	–	–	–	4	5	17
1. Malignant Neoplasm, Lung, Bronchus	M	102	–	–	1	–	–	–	1	13	36	36	15
	F	24	–	–	–	–	–	–	2	3	8	5	6
2. Malignant Neoplasm, Breast	M	1	–	–	–	–	–	–	–	–	–	–	1
	F	57	–	–	–	–	–	–	1	10	18	10	18
3. Malignant Neoplasm, Uterus	F	23	–	–	–	–	–	–	3	7	4	6	3
4. Other Malignant and Lymphatic Neoplasms	M	136	–	–	–	–	2	2	1	10	33	40	48
	F	136	–	–	–	–	1	1	4	10	30	42	48
5. Leukaemia, Aleukaemia	M	9	–	–	–	–	1	1	–	2	–	3	2
	F	5	–	–	–	–	1	–	1	–	–	2	1
3. Diabetes	M	5	–	–	–	–	–	–	–	2	–	2	1
	F	9	–	–	–	–	–	–	–	1	1	4	3
7. Vascular Lesions of Nervous System	M	126	–	–	–	–	–	–	1	2	10	36	77
	F	295	–	–	–	–	–	–	2	6	20	43	224
3. Coronary Disease, Angina	M	320	–	–	–	–	–	1	4	28	68	115	104
	F	225	–	–	–	–	–	–	1	5	20	71	128
). Hypertension with Heart Disease	M	11	–	–	–	–	–	–	–	1	–	6	4
	F	32	–	–	–	–	–	–	–	1	2	6	23
). Other Heart Disease	M	70	–	–	–	–	–	–	–	3	6	16	45
	F	176	–	–	–	–	–	–	–	2	5	26	143
. Other Circulatory Disease	M	60	–	–	–	–	–	–	2	1	5	16	36
	F	66	–	–	–	–	–	–	–	–	3	13	50
2. Influenza	M	7	–	–	–	–	–	–	–	–	–	3	4
	F	6	–	–	–	–	–	–	–	–	–	1	5
1. Pneumonia	M	49	–	1	–	–	–	–	–	2	4	6	36
	F	86	1	1	–	–	2	–	1	1	2	15	63
. Bronchitis	M	66	–	1	–	–	–	–	–	3	15	16	31
	F	37	–	–	–	–	–	–	–	1	5	7	24
. Other Diseases of Respiratory System	M	20	–	–	–	–	–	–	–	–	2	13	5
	F	15	–	–	–	–	–	–	–	–	1	2	12
. Ulcer of Stomach and Duodenum	M	10	–	–	–	–	–	–	–	3	1	5	1
	F	5	–	–	–	–	–	–	–	–	–	2	3
. Gastritis, Enteritis and Diarrhoea	M	6	–	–	–	–	–	–	–	–	2	1	3
	F	7	–	–	–	–	–	–	–	–	1	4	2
. Nephritis and Nephrosis	M	3	–	–	–	–	–	–	–	–	2	–	1
	F	5	–	–	–	–	–	–	–	–	1	2	2
. Hyperplasia of Prostate	M	7	–	–	–	–	–	–	–	–	1	–	6
. Pregnancy, Childbirth, Abortion	F	1	–	–	–	–	–	1	–	–	–	–	–
. Congenital Malformations	M	5	3	1	–	–	–	–	–	1	–	–	–
	F	4	1	1	–	–	1	–	–	–	–	1	–
Other Defined and Ill-defined Diseases	M	64	6	–	–	–	1	–	5	3	8	13	28
	F	87	2	–	–	2	2	2	3	2	8	16	50
Motor Vehicle Accidents	M	13	–	–	–	1	2	–	1	4	2	2	1
	F	5	–	–	1	1	–	–	–	–	–	1	2
All other Accidents	M	30	1	–	1	–	3	–	2	2	2	6	13
	F	64	1	1	–	–	–	2	–	2	4	11	43
Suicide	M	9	–	–	–	–	–	1	1	–	3	2	2
	F	5	–	–	–	–	–	–	–	1	–	2	2
Homicide and Operations of War	M	1	–	–	–	1	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–	–	–	–	–	–
Total All Causes	M	1,182	10	3	2	2	9	5	18	82	213	356	482
	F	1,410	5	4	1	3	7	6	19	53	140	300	872
		2,592	15	7	3	5	16	11	37	135	353	656	1,354

Deaths in Age Groups

Age groups	Under 1	1–4	5–14	15–24	25–44	45–64	65–74	75+	Total
Totals	22	3	5	16	48	488	656	1354	2592

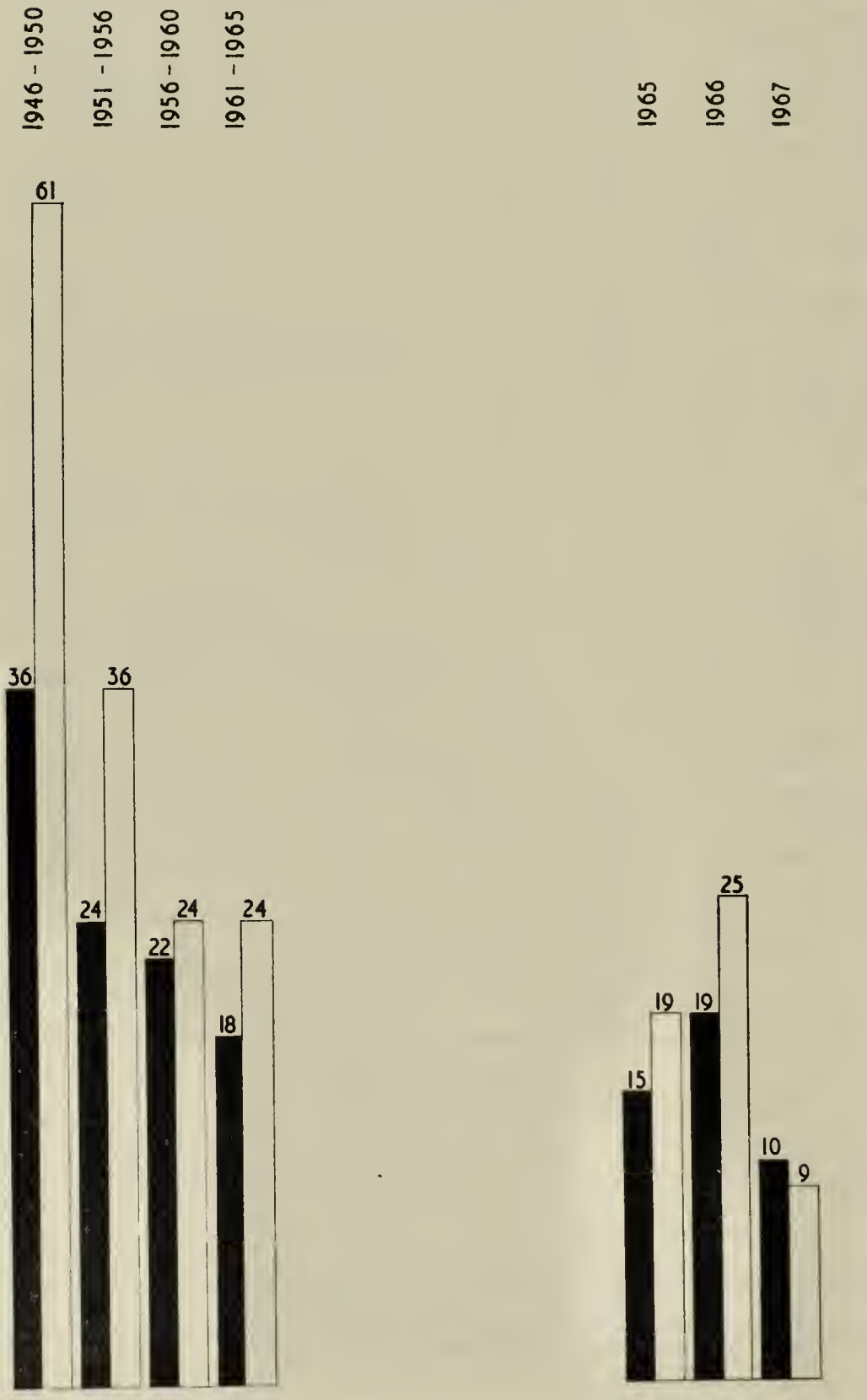
Cancer of lung. Persons dying of lung cancer expressed as a percentage of all deaths due to malignant disease including leukaemia: male 35%, female 9%.

Details of cancer and bronchitis deaths in the area are circulated monthly to members of the Health Committee and General Practitioners.

DEATHS OF INFANTS

RATE PER 1,000 ADJUSTED LIVE BIRTHS

LEGITIMATE
ILLEGITIMATE



INFANT MORTALITY

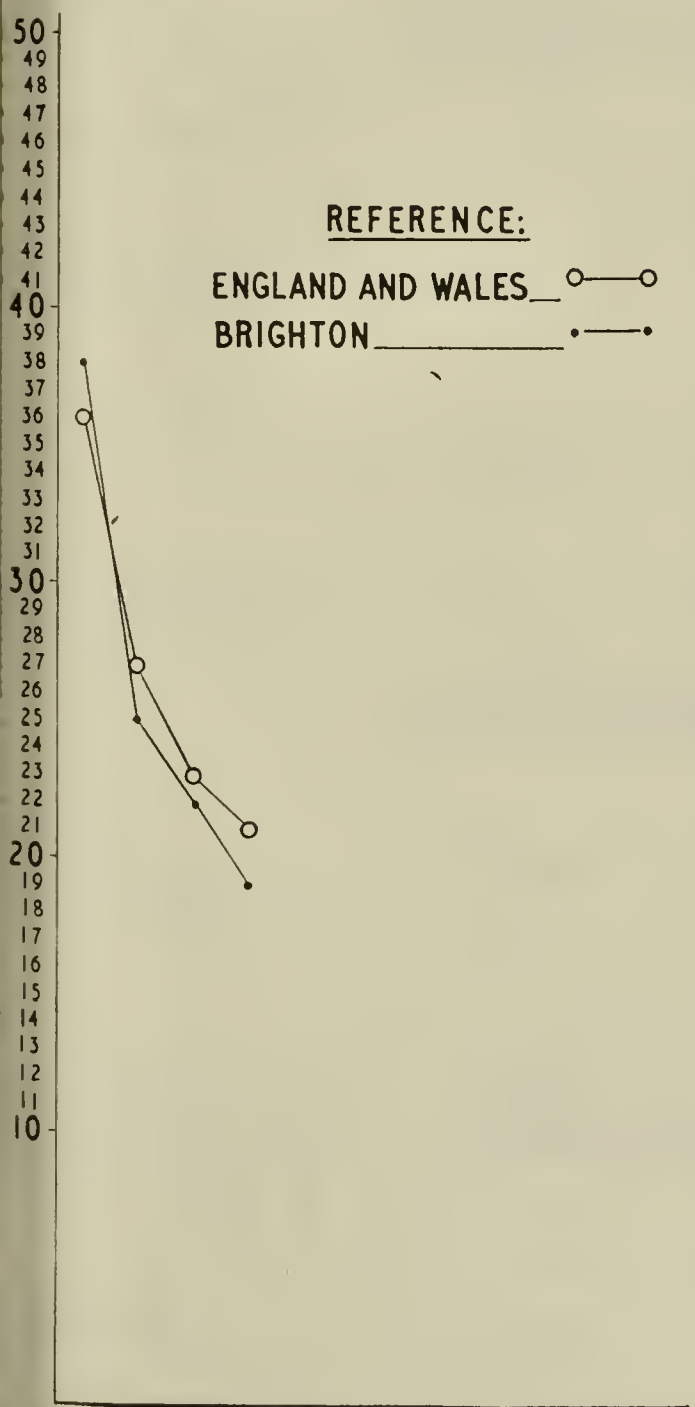
RATE PER 1.000 ADJUSTED LIVE BIRTHS

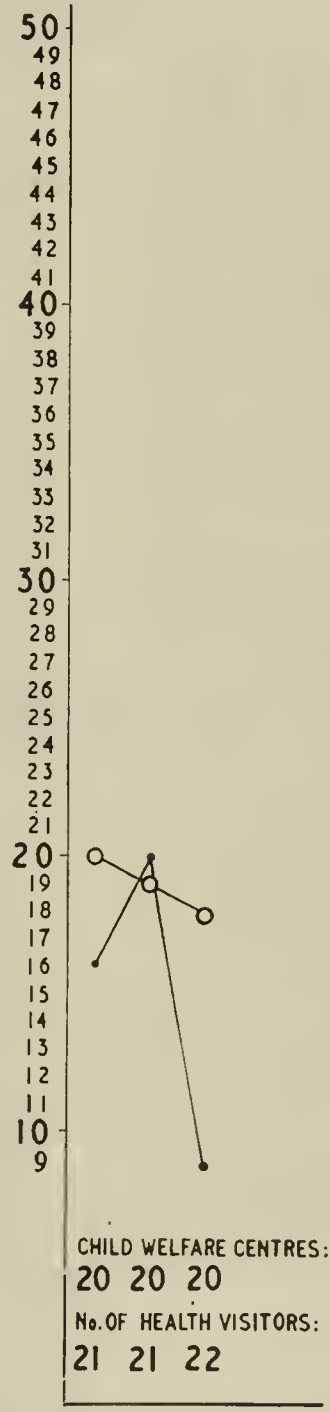
QUINQUENNIAL AVERAGES

1946 - 1950
1951 - 1955
1956 - 1960
1961 - 1965

ANNUAL FIGURES

1965
1966
1967

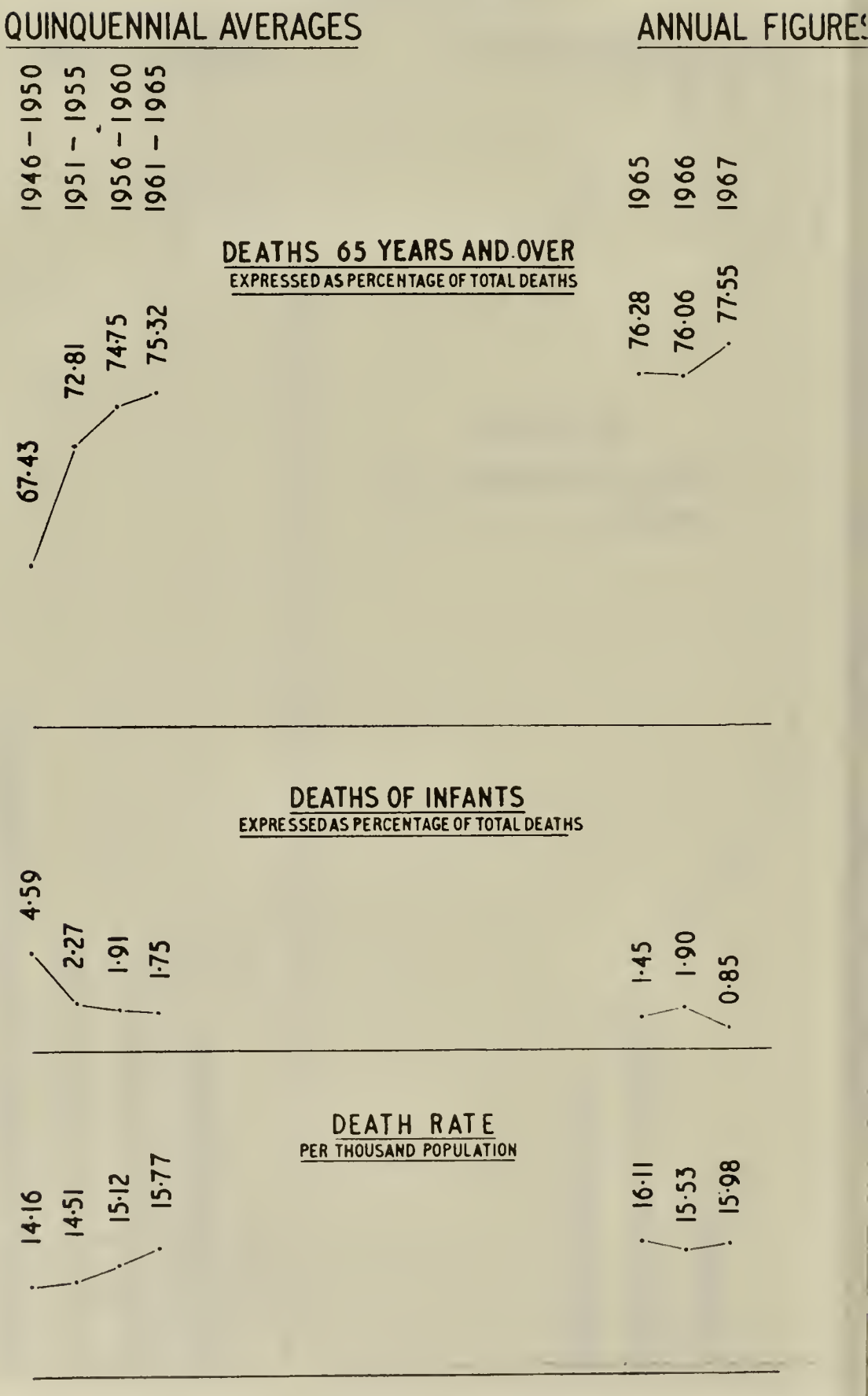




CHILD WELFARE CENTRES:
20 20 20

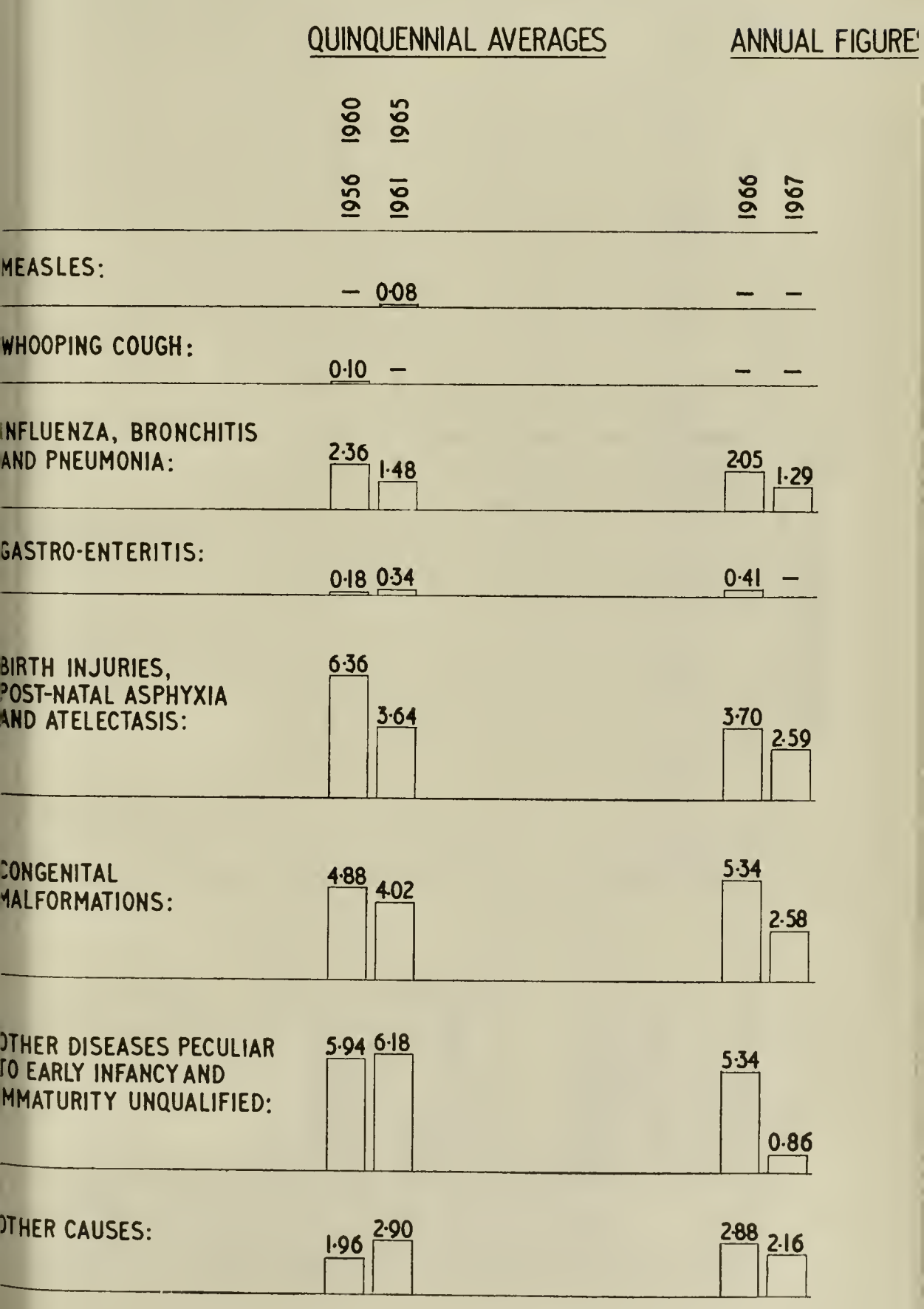
No. OF HEALTH VISITORS:
21 21 22

DEATH RATES CHANGES



INFANT MORTALITY

RATE PER 1,000 ADJUSTED LIVE BIRTHS



INFANT MORTALITY 1967

Nett Deaths from stated causes at various ages under One Year of Age

Cause of Death	Under 1 Week		1-2 Weeks		2-3 Weeks		3-4 Weeks		Total under 4 Weeks		1-2 Months		2-3 Months		3-6 Months		6-9 Months		9-12 Months		Total Deaths under one Year
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Other infective and parasitic diseases ...																		1			1
Pneumonia																			1	1	2
Bronchitis...															1						1
Monstrosity	1	1							1	1											2
Spina bifida and meningocele																1					1
Congenital malformations of heart ...							1		1												1
Congenital malformations of genito urinary system					1				1												1
Other congenital malformations ...													1								1
Postnatal asphyxia and atelectasis ...	5	1							5	1											6
Pneumonia of newborn		1								1											1
Immaturity	1								1												1
Obstruction by inhalation or ingestion								1		1						1					2
Other accidents	1								1												1
All other causes		1								1											1
	8	4			1		1	1	10	5			1		1	2		1	1	1	22

Diseases Notified during the Year 1967

NOTIFIABLE DISEASE	At all ages	Age Incidence									No. cases (not necessarily notified during year) Removed to Isolation Hospital
		Under 1	1	2	3	4	5-9	10-14	15-24	25+	
Scarlet fever	148	1	1	8	13	26	82	12	3	2	6
Whooping cough	62	4	6	7	11	9	22	1	—	2	—
Ac. poliomyelitis:											
paralytic	—	—	—	—	—	—	—	—	—	—	—
non-paralytic... ...	—	—	—	—	—	—	—	—	—	—	—
Measles	2546	118	273	370	391	420	908	40	15	11	12
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum ...	4	4	—	—	—	—	—	—	—	—	—
Puerperal pyrexia... ...	14	—	—	—	—	—	—	—	8	6	—
Dysentery	21	2	2	2	1	1	7	—	1	5	1
Meningococcal infection ...	1	—	1	—	—	—	—	—	—	—	—
				0-5	5-14	15-44	45-64	65+			
Smallpox	—			—	—	—	—	—			—
Ac. pneumonia	33			4	4	6	10	9			1
Ac. encephalitis (infective)	—			—	—	—	—	—			—
Enteric or typhoid fever ...	—			—	—	—	—	—			—
Paratyphoid fevers ...	—			—	—	—	—	—			—
Erysipelas	8			—	1	—	4	3			1
Malaria	—			—	—	—	—	—			—
Food poisoning	336			88	195	36	14	3			6
Tuberculosis (see page 49)											
Anthrax	—			—	—	—	—	—			—
Infective Hepatitis ...	61			3	16	33	9	—			4

INFECTIOUS DISEASES AND EPIDEMIOLOGY

Incidence

The table on page 17 shows the number of cases of infectious disease notifie during the year, classified by age groups, and the number of cases removed t Foredown Isolation Hospital.

The table appended gives a comparison between the numbers of case notified during 1967 and 1966.

Scarlet Fever

148 cases of scarlet fever and 22 cases of streptococcal sore throat wer reported to the Department. The disease continued mild in character, mos cases responding quickly to oral penicillin treatment. Type 12 Group A infec tion was determined in a few cases but no serious nephritis complication wa noted.

Dysentery

The incidence of this disease was again low, only 19 cases of confirme Sonnei dysentery being discovered, as compared with 14 in 1966 and 102 i 1965.

One case of Shigella flexner 6 was notified, the patient being a student wh contracted the infection in Turkey.

Stool specimens were taken from 67 other cases of reported gastro-enteritis but in no case was any bacterial infection (dysentery or food poisoning) found 29 contacts were also checked and found to be free from infection.

Paratyphoid Fever

One case of Paratyphoid Fever B was reported by Royal Alexandra Hospital The patient had, however, been admitted from an area outside Brighton. N further case was reported.

Food Poisoning

The organisms responsible for the 336 cases of food poisoning notified o ascertained were as follows:

Salmonella	
typhi-murium	327
braenderup	1
braendenburg	2
dublin	1
enteriditis	1
indiana	1
muenster	1
nairobi	1
stanley	1

A small outbreak of food poisoning occurred in the town in June, the causative organism being Salmonella typhi-murium Phage type U 163. Twenty person were involved, and investigations carried out suggested that the organism wa

contained in scotch eggs made at a local bakery. No ingredient of the suspected batch of eggs remained for examination by the time the matter was brought to the notice of the department, but as the scotch eggs appeared to be the only food partaken of in common by all persons affected, it seems fairly conclusive that the scotch eggs transmitted the infection.

Later in the year, in September, a much larger outbreak occurred at Woodingdean, involving over 300 cases, most being children or staff of Woodingdean Primary School. The causative organism was again Salmonella typhi-murium Phage type U 163 but all attempts to find a link through a symptomless carrier between this outbreak and that in June were unsuccessful.

The lines of investigation in the Woodingdean outbreak were concentrated on school meals but unfortunately no remnants of food were available from the suspected meals by the time the outbreak was brought to the notice of the department. All school canteen workers and dining room assistants were checked bacteriologically and fourteen were found to be infected, four being symptomless excreters. All were excluded from work until subsequent series of specimens showed that they were free from infection. This took several weeks to achieve in most cases.

From the date of the exclusion of those infective members of the staff, the outbreak was virtually at an end, only isolated sporadic cases occurring later amongst family contacts.

As the outbreak did not reach its peak until the fifth day, it seems probable that the infection was introduced to the school by a symptomless excreter, and sustained by one or more members of the staff.

In addition to the confirmed cases of food poisoning, 36 other cases of suspicious illness were investigated during the year but were found not to be associated with food poisoning organisms.

Diphtheria

No case of diphtheria has occurred in Brighton since 1963.

Poliomyelitis

For the sixth year in succession no case of poliomyelitis was notified.

Whooping Cough

The incidence of this disease appears to be slightly on the increase—
1965, 30; 1966, 35; 1967, 62.

It is, however, still very low, due, no doubt, to the successful immunization programme being implemented.

Measles

Following its usual pattern, the incidence of measles rose markedly in 1967 to 2,546. The incidence is high in alternate years—

1963, 2,057; 1964, 671; 1965, 2,075; 1966, 495; 1967, 2,546.

It is hoped, however, that this will be the last year in which the incidence of this distressing children's ailment will be so high. The measles vaccination scheme to be introduced in 1968 should provide a safe and effective protection against the disease to thousands of children.

Disease	1967	1966	Disease	1967	1966
Scarlet fever...	148	91	Measles	2546	495
Poliomyelitis	—	—	Puerperal pyrexia	14	24
Acute pneumonia	33	44	Ophthalmia neonatorum ...	4	2
Paratyphoid...	—	2	Dysentery	21	14
Enteric or typhoid fever ...	—	—	Food poisoning	336	31
Whooping cough	62	35	Acute encephalitis	—	—
Diphtheria	—	—	Meningococcal infection ...	1	2
Malaria	—	—	Infective hepatitis	61	44
Erysipelas	8	4			

Venereal diseases

New local cases treated at the Brighton Special Treatment Centre.

	1967		1966	
	M.	F.	M.	F.
Syphilis...	11	2	10	2
Gonorrhoea	116	34	138	41
	127	36	148	43
Other conditions	280	135	262	126

The total number of patients attending the Brighton Centre for the first time was 1,183.

CARE OF MOTHERS AND YOUNG CHILDREN

Dr. P. M. Brown, Senior Medical Officer

The system of reporting congenital malformations recognizable at birth to the Registrar General was continued during the year. Twelve such malformations were recognized amongst a total of twelve children, ten of these were live births, two were either stillborn or died a few hours after birth. It should be mentioned that such notifications are confined to obvious malformations observed at birth and do not include congenital abnormalities diagnosed at a later date.

The keeping of a register of children who are "At Risk" of becoming handicapped which was commenced in 1964, continued in operation during the year. At the end of 1967, a total of 918 children were on the register. Of these 542 were under one year old, and the remaining 376 were aged between one and four years. As will be seen from the above figures, a comparatively large number of children are notified during the first year of life; this is because the majority of reasons which indicate that a child is "At Risk" are noted either before or soon after birth. When a child reaches its first birthday, the progress of the child is reported by the district health visitor and clinic medical officer, and a decision is made as to the necessity for that child to remain on the "At Risk" register. Children who are obviously developing normally have their names deleted from the register at this stage.

Work was progressing on the building of the new Day Nursery and Child Welfare Centre at Sussex Street. It is to be hoped that the premises will be in operation early in 1968.

The new mobile clinic started functioning in 1967.

The number of part-time medical officers was increased and now totals 13, thereby producing a system of reserve medical officers for staffing our clinics.

VACCINATION AND IMMUNIZATION

Smallpox Vaccination

Record cards were received for 1,584 persons.

	Under 1 Year		1 Year		2-4 Years		5-15 Years		Total Under 16 Years	
	No.	%	No.	%	No.	%	No.	%	No.	%
Primary given by Family Doctors	60	2·5	196	8·2	119	1·7	75	0·3	450	1·3
Primary given at Child Welfare Centres	141	5·9	749	31·2	105	1·4	8	0·0	1003	2·9
TOTAL PRIMARY	201	8·4	945	39·4	224	3·1	83	0·3	1453	4·1
Revaccinations by Family Doctors	—	—	1	—	13	0·2	113	0·5	127	0·3
Revaccinations at Child Welfare Centres	—	—	—	—	—	—	4	0·0	4	0·0
TOTAL REVACCINATIONS	—	—	1	—	13	0·2	117	0·5	131	0·4

The table shows that 69% of the primary vaccinations were given at the Child Welfare Centres and 96.9% of the revaccinations were given by the family doctors. The total of the primary vaccinations is less than in 1966 but almost equal to the total for 1965.

On 1st January a new international certificate of smallpox vaccination which was introduced, requires the batch number and origin of the lymph to be written on the certificate by the vaccinator before the certificate can be stamped.

Since 12th June the smallpox lymph for Brighton general practitioners and hospitals has been issued by the Vaccination Section.

Immunizing Procedures Card

A new folding card was printed in September giving the tables of Immunizing Procedures and the recommended intervals between the vaccination and immunizations.

Influenza Vaccination

Vaccination against influenza was offered to the staff of the Corporation departments during October and November and 966 persons accepted this vaccination.

Notifications of Vaccinations and Immunizations

On 1st April a new system of notification and payment was introduced by the Ministry of Health. The National Executive Council was given responsibility for receiving all notifications from the general practitioners, and for making payments for each vaccination and immunization given. The Local Health Authority does not now pay a fee for notifications.

Diphtheria, Tetanus, Whooping Cough and Poliomyelitis Immunizations

Vaccine		Under 1 year	1 year	2-4 years	5-15 years	Total Under 16 years
Diphtheria/Tetanus/ Whooping Cough	Primary	1725	231	127	15	2098
	Booster	—	302	783	123	1208
Diphtheria/Whooping Cough	Primary	—	—	—	—	—
	Booster	—	—	1	—	1
Diphtheria/Tetanus	Primary	—	10	24	146	180
	Booster	—	4	253	2172	2429
Diphtheria	Primary	—	—	—	11	11
	Booster	—	—	—	52	52
Whooping Cough	Primary	—	—	—	—	—
	Booster	—	—	—	—	—
Tetanus	Primary	—	1	3	119	123
	Booster	—	—	5	97	102
Sabin Oral Polio	Primary	1753	185	194	259	2391
	Booster	—	251	1027	1430	2708
Salk Polio	Primary	—	—	—	—	—
	Booster	—	—	—	—	—
Measles	Primary	—	—	3	1	4
	Booster	—	—	—	—	—

The Child Welfare Centres gave 72% of the total immunizations with diphtheria/tetanus/whooping cough triple antigen, but the School Medical Officers gave 72% of the total diphtheria/tetanus immunizations at the schools and at a weekly clinic which is held at the School Clinic every Thursday afternoon.

Most of the oral polio primary vaccinations (67%) and boosters (45%) were given at the Child Welfare Centres.

The family doctors have given 27% of the total triple antigen and 20% of the diphtheria/tetanus and polio vaccinations.

Poliomyelitis Vaccination

Sabin Oral Vaccine has been given on a sugar lump to patients, but infants have been given the vaccine in Rose Hip Syrup at the Child Welfare Centres.

There have been no requests for Salk vaccine during 1967, and the vaccine has not been stocked since September.

Completion of Primary Course of Three Oral Doses

Year of Birth	General Practitioners	Poliomyelitis Vaccination Clinic	Child Welfare Centres	School Clinic	Totals
1967	95	—	857	—	952
1966	362	1	623	—	986
1965	48	—	42	—	90
1964	25	—	35	—	60
1960-63	37	7	35	134	213
Others Under 16	12	3	1	74	90
Totals	579	11	1593	208	2391

The School Medical Officers gave oral polio vaccinations with the diphtheria/tetanus immunizations at the schools and at the vaccination clinic held at the School Clinic, Sussex Street each Thursday afternoon. This was the first complete year during which the School Medical Officers have given polio vaccinations.

Boosters of Oral Polio Vaccine

Year of Birth	General Practitioners	Poliomyelitis Vaccination Clinic	Child Welfare Centres	School Clinic	Totals
1967	—	—	—	—	—
1966	44	—	207	—	251
1965	88	—	593	—	681
1964	31	—	64	—	95
1960-63	251	241	365	599	1456
Others Under 16	61	2	1	161	225
Totals	475	243	1230	760	2708

The total number of booster polio vaccinations has increased very slightly since last year, but the School Medical Officers and General Practitioners increased their totals while the Poliomyelitis Vaccination Clinic gave the equivalent number less than last year.

Vaccination and Immunization of Children

The following table shows the percentages vaccinated for this authority together with the equivalent national figures:

	Children born in 1966			Smallpox (Children under 2)
	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	(4)
England and Wales... ...	72	73	68	38
Brighton	80	80	78	54

The figures in columns (1), (2) and (3) are calculated to show the percentage of children born in 1966 who have been vaccinated at any time.

Column (4) includes only children who were vaccinated during 1967 and were under 2 years old at the time, and is calculated as a percentage of children born during 1966. This gives a reasonable estimate of the proportion of young children being vaccinated against smallpox.

B.C.G. Vaccination

See page 50.

Yellow Fever Vaccination

See page 52.

MATERNITY AND CHILD DENTAL WELFARE

W. H. Garland, B.D.S., L.D.S., Chief Dental Officer

During the year 785 pre-school children were dentally examined of whom 212 required treatment at their first examination, and a further 55 required treatment at a subsequent examination. For children requiring treatment 463 fillings were inserted, 86 teeth extracted and 57 general anaesthetics administered.

The number of children examined was 226 more than in 1966 and the great majority of these extra patients were the result of our three-year old birthday card scheme, which as I mentioned in my last report, began in November, 1966. The Dental Department sent out 2,027 cards in 1967 and 202 requests from parents for appointments for their children were received back. Early dental inspection of children is essential for good dental health and the fact that 10% of the three-year old children in Brighton now have regular inspection and treatment at the Local Authority's Dental Clinics, plus the knowledge that all parents of three-year old children are now informed of the necessity of early inspection, makes the birthday card scheme well worthwhile. Many parents of three-year olds are of course making arrangements for their children to be seen by their own family dentist.

The Dental Section wishes to thank the Maternity and Child Welfare Section in particular the Health Visitors, for their valuable work in bringing to the attention of young mothers the part they have to play in the dental health of their children.

Statistics for the Dental Service for Expectant and Nursing Mothers and Children under 5 years are shown below.

Part A. Attendances and Treatment

Number of Visits for Treatment during year:

		Children 0-4 (inclusive)		Expectant & Nursing Mothers	
First Visit	(1)	179	(13)	3
Subsequent Visits	(2)	363	(14)	4
Total Visits		542		7
Number of Additional Courses of Treatment other than the First Course commenced during year	(3)	55	(15)	–
Treatment provided during the year—Number of Fillings	(4)	463	(16)	1
Teeth Filled	(5)	426	(17)	1
Teeth Extracted	(6)	86	(18)	2
General Anaesthetics given	(7)	57	(19)	2
Emergency Visits by Patients	(8)	37	(20)	1
Patients X-rayed	(9)	–	(21)	1
Patients Treated by Scaling and/or Removal of Stains from the Teeth (prophylaxis)	(10)	2	(22)	2
Teeth Otherwise Conserved	(11)	61		
Teeth Root Filled			(23)	–
Inlays			(24)	–
Crowns			(25)	–
Number of Courses of Treatment Completed during the year	(12)	194	(26)	2

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	(27)	–
Patients Supplied with Other Dentures	(28)	–
Number of Dentures Supplied	(29)	–

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	(30)	–

Part D. Inspections

		Children 0-4 (inclusive)		Expectant & Nursing Mothers	
Number of Patients given First Inspections During Year	(A)	785	(D)	3
Number of Patients in A and D above who required Treatment	(B)	212	(E)	3
Number of Patients in B and E above who were Offered Treatment	(C)	208	(F)	3

Part E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients:

For Treatment	(G)	71
For Health Education	(H)	70

PERSONAL HEALTH SERVICES, 1967

Mrs. E. Beith, S.R.N., H.V.Cert., Chief Nursing Officer

STAFF CHANGES

Appointments		
April 1967	Miss Hollands Mrs. Murphy	School-Nurse/Health Visitor (joint appointments—additional staff).
July 1967	Mrs. Mann	Health Visitor.

August 1967...	...	Mrs. Gibbons	...	Social Worker (former Health Visitor sponsored for training—Generic Course.)
September 1967	...	Miss Blandford Mrs. Benoliel	... ...	Health Visitors (sponsored students qualified Sept. 1967.)
November 1967	...	Miss Burkitt	...	Health Education Organizer.

Resignations

April 1967 ...	...	Mrs. Purnell	...	Health Visitor.
August 1967...	...	Mrs. Rolfe	...	Health Education Organizer.

Student Health Visitors Sponsored for Training 1967/1968

Miss Hart
Miss Mackie (discontinued Course December 1967.)

The nursing sections of the department have once more remained full established throughout the entire year. We are very fortunate to retain a fu staff when so many local authorities are severely understaffed, especially i the health visiting field.

Staff Education and In-Service Training

Regular monthly staff meetings have been held by the separate sections o the nursing staff, with occasional joint meetings when items of general interes were under discussion.

The staff have also had the opportunity to attend many conferences held i Brighton, Study Days and Refresher Courses arranged by neighbouring loca authorities and hospitals, and lectures at the Sussex Post-Graduate Medica Centre.

Meetings of special interest are listed below:

January 1967	...	Royal Society of Health Quarterly Meeting: "A Critical Look a Local Government Practice and Tradition—the Member, th Officer and the Administration."
January 1967	...	Sussex Post-Graduate Centre: "Early Neo-Natal Pyelonephritis"
March 1967	...	Red Cross Conference: "The Psychology of the Approach to Youn People".
April 1967	...	Ward Sisters' Study Day at the Royal Alexandra Hospital fo Sick Children.
June 1967...	...	Mental Health Week—Study Day for Doctors, Nurses, Educa tionalists, Mental Health Staff.
September 1967	...	Film Show: "Examining the New Born Baby".
October 1967	...	East Sussex Nursing Association Post-Graduate Course (one week
October 1967	...	Royal Institute of Public Health and Hygiene Conference (3 days
November 1967	...	British Legion Seminar: "Drugs and the Young".

Health Visiting

RESEARCH—NATIONAL

As the result of a national enquiry in September, 1966, it was found tha over 12% of health visitors appeared to be working within general medica practice rather than on a geographical basis.

The Council for the Training of Health Visitors, wishing to investigate th operation of a model health visitor nursing team in general medical practice approached the Medical Officer of Health early in 1967, requesting that th pilot project be carried out in this area.

At the May meeting of the Health Committee permission was given fo certain officers from the department to be seconded to take part in this projec

on the understanding that financial reimbursement be made by the Ministry of Health. With a view to determining the scope of the work of the health visitor and consequently the implications for the training syllabus, the Council for the Training of Health Visitors sponsored this investigation into the operation of a nurse team in general practice.

The team includes two health visitors, a district nurse, a state enrolled nurse, an auxiliary plus a secretary/typist, all working in the setting of a general medical practice in Brighton.

The project has received the approval of the Ministry of Health and is being conducted by the Nursing Studies Department of Edinburgh University who began their investigations in November, 1967.

It is hoped that the results of this project will be published early in 1969.

RESEARCH—LOCAL

In the Spring of 1967, the Medical Officer of Health was approached by Mr. G. F. Rehin, Lecturer in Sociology, University of Sussex regarding an exploratory research project on health visitors.

At a meeting with the Medical Officer of Health and the Chief Nursing Officer, Mr. Rehin discussed the form which the research would take.

Immediate aim. To interview at length and in depth Brighton's health visitors as a possible preliminary to a larger study of public health nursing in the community.

Procedure. To invite health visitors to be interviewed by Mr. Rehin at the University. The interview would be unstructured in order to give the health visitor the opportunity to present *her* views about her work, training and the future of the service, as well as the problems which she faces and which she would wish to solve through further research.

Purposes. An exploratory study cannot have precise research goals, but conscious of ferment within the profession and also of the possibility of major alterations in the structure of local authority personal social services in the next decade, it is felt that research should be orientated towards the future. It is also hoped to see how far Brighton's health visitors are similar to those interviewed in Buckinghamshire (Reported M. Jeffreys, An Anatomy of Social Welfare Services 1965).

Utility. Although it was not intended that exploratory research should be of immediate practical application or benefit to the local health authority necessarily, there may well be some immediate results of practical value. There may be matters pertinent to recruiting and selection, and possibly strongly felt feelings about dissatisfactions or satisfactions in the particular setting and department which if they can be elucidated would be of interest and value to the supervisory and administrative staff. The main use of this survey would be to set the stage for larger and more prolonged investigations on problems of substance.

It was agreed that this programme should be accepted, and Mr. Rehin attended a full staff meeting where he met the health visitors as a whole group in order to explain his interest and aims, and to brief them on the procedure.

A personal invitation was sent to each health visitor, and they were interviewed individually over a period of several months at the University. Each interview lasted approximately 3 - 4 hours.

This information is now being collated at the University, and following a preliminary analysis of the material, a number of group meetings are to be arranged in order to feed-back to the health visitors tentative conclusions and ideas about further research, to provide a check upon the validity of the con-

clusions and to help to formulate plans for further research. It is also hope that this preliminary feed-back might also prove helpful and stimulate self analysis of work as well as encourage further participation.

Midwifery Service

The detailed report of the Non-Medical Supervisor is shown separately, bu the following points are worthy of special mention.

In August, 1967, the Chief Nursing Officer and Non-Medical Supervisor c Midwives were invited to attend a meeting at Brighton General Hospital t discuss the arrangements for Obstetric Training due to start in January, 196 Three schools will be held each year, commencing on the first Monday in Janu ary, May and September, and extending over a period of twelve weeks. In th first instance, the students will be seconded from the Brighton General Hospit and Royal Sussex County Hospital, but it is envisaged that the scheme wi eventually be widened to include other applicants.

During their training, students will visit the local health authority Chil Welfare and Ante Natal Clinics, and accompany the domiciliary midwives o home visits.

In October, 1967, an enquiry was received from the Ministry of Health fo up-to-date information on the state of domiciliary midwifery in the area, an also seeking the personal views of the staff on present difficulties and possibl future developments. The midwives were consulted, and their comments wer forwarded to the Standing Maternity and Midwifery Advisory Committee c the Central Health Services Council.

We were sorry to lose the services of Miss Costello, Senior Midwife an Tutor to the Student Midwives during district training, who resigned in Decem ber, 1967, in order to take up an appointment as Tutor to the Obstetric Cours at Kingston-upon-Thames Maternity Hospital.

District Nursing

In December 1966 the General Director of the Queen's Institute of Distric Nursing issued a circular to all Medical Officers of Health (with a copy t Clerks of County Councils and Town Clerks) informing them that his Counc had decided to discontinue the award of the Queen's Certificate at the end c the membership year on the 30th June, 1968.

A transfer of responsibilities for training was therefore necessary, and it wa suggested that local Health Authorities might wish to make the changeove the opportunity to re-organize their training arrangements. The Medical Office of Health therefore convened a meeting in February 1967 of Medical Officer of Health and Chief Nursing Officers of Brighton, East Sussex, West Susse and delegated areas.

It was decided that training should continue: theory to be obtained in th Brighton District Nursing Association premises in Wellington Road, Brighto and practical experience in the area of the employing authority.

The nursing officers of the authorities concerned met on several occasion and drew up a new syllabus of training acceptable to the Medical Officers o Health. This was eventually submitted to the Ministry of Health for fina approval.

The new scheme of training will come into operation in September 1968.

Child Welfare Clinics

The following written question was asked by Councillor Dr. Sless at th Council meeting on 22nd September, 1966:

"Is the Chairman of the Health Committee aware of the unsatisfactory conditions that exist in the Infant Welfare Centre in Lewes Road? Does he know that the Church Hall is so cold and draughty that premature infants and babies cannot be undressed or weighed naked? Does he know that the toilet facilities and sterilizing conditions, e.g. washing hands, are unsatisfactory? May I be assured that these premises and any others that may be in the same condition will be inspected as soon as possible?".

The Chairman, Alderman Baldwin, gave the Council an assurance that the matter would be fully considered by the Health Committee at an early date.

The October meeting of the Health Committee deferred further consideration of the matter until the Chairman had completed his investigations and inspections.

A programme of visits was arranged when the clinics were in progress, the Chairman being accompanied by the Senior Medical Officer and the Chief Nursing Officer, on each occasion.

The Medical Officer of Health reported to the February 1967 meeting of the Health Committee on the Chairman's comments and recommendations and as a result of these investigations additional heating has been provided at the following clinics:

(a) Lewes Road Congregational Church Hall Clinic.
(b) St. Mary Magdalene Church Hall Clinic, Coldean.
(c) St. Nicholas Church Hall, Saltdean.

Water heaters to improve washing facilities have been installed at Lewes Road, Bedford Place and Coldean Clinics.

Mobile Clinic

A mobile clinic has been in operation in Brighton since 1961; this vehicle was purchased second-hand, and after many years of use, it was obvious that the vehicle would have to be replaced.

The original mobile clinic consisted of a caravan and trailer unit; this arrangement was found to be too complicated and in May 1967 it was replaced by a new single unit.

The design includes room for welfare foods sales, waiting, weighing and changing facilities, and a full-size consulting room at the rear. By opening the rear door it is possible to use the clinic for one-way traffic for emergency mass-immunization and similar procedures. The clinic is wired for mains and battery lighting: a yacht-type fumeless heating apparatus supplies warmed fresh air in cold weather.

The normal staff consists of a permanent clinic nurse, the part-time medical officer and the health visitor or midwife for the district, and a driver-salesman who handles the welfare foods.

The clinic is used for ante-natal sessions by the midwives, for child welfare sessions in new areas or where trial schemes make it desirable for placing a clinic before full facilities exist. It is not meant to replace a full-time fixed clinic.

Cytology Clinic

The immediate aim in establishing the Brighton Cancer project in 1965 was to make adequate arrangements as soon as possible to attack the problem of the number of women in Brighton who were dying from cancer of the cervix and cancer of the breast.

It was envisaged that after a suitable trial period this venture in preventive medicine should be taken over by the Brighton Corporation. The Health Committee subsequently agreed that as from April 1st, 1967, full facilities for cervical cytology should be provided in Brighton. As far as the public were concerned, there were no difficulties due to the take-over, as booking arrangements continued in the established routine.

The women doctors, nurses and clerical staff were transferred to the Health Department Staff, and clinic routines continued as before. The cervical cytology laboratory of the Brighton and Lewes Hospital Management Committee took over the laboratory work hitherto carried out by the Cancer Project's own Technical Aid Scheme (see page 43).

Medical arrangements for long stay immigrants

The health visitors working from the Chest Clinic continued to visit these cases in order to assist immigrants with their medical arrangements and make appointments for any necessary X-rays.

Number of advice notes received	120
Number of first successful visits	111

Nursing Homes

The number of nursing homes on the register at the end of the year was:

Maternity homes	Nil
Other homes	19
Total number of beds...	352

The homes were inspected by the Chief Nursing Officer and a Senior Public Health Inspector.

CHILD WELFARE CENTRES†

ANTE-NATAL CLINICS*

*(Examination by appointment through Health Department)

1. PATCHAM, 2-4 p.m., 2nd and 4th Mondays
   †Mackie Hall, Mackie Avenue.
2. BEVENDEAN, 2-4 p.m. Mondays
   †Youth Wing, Bevendean School.
3. HOLLINGDEAN, 2-4 p.m. Mondays
   †St. Richard's Church Hall, The Crossways.
4. MOULSECOOMB, 2-4 p.m. Tuesdays†
   *Barn Hall, Hodshrove Road.
5. FLORENCE ROAD, 2-4 p.m. Tuesdays
   †Baptist Church Hall.
6. DYKE ROAD, 2-4 p.m. Tuesdays
   †St. Luke's Church Hall, Exeter Street.
7. WOODINGDEAN, 2-4 p.m. Wednesdays
   †Methodist Church Hall, The Ridgway.
8. SUSSEX STREET, 2-4 p.m. Wednesdays and Thursdays†
   *The School Clinic.
9. HOLLINGBURY, 2-4 p.m. Wednesdays†
   Church Hall, Lyminster Avenue
   *Mobile Clinic in Forecourt.
10. WHITEHAWK, 2-4 p.m. Thursdays†
    *The Clinic, Whitehawk Avenue.
11. COLDEAN, 2-4 p.m. Thursdays
    †The Barn Church, Coldean Lane.
12. LEWES ROAD, 2-4 p.m. Mondays and Fridays
    †Congregational Church Hall.

13. ROTTINGDEAN, 2-4 p.m. alternate Fridays
†Public Hall, Park Road.

14. WEST BRIGHTON, 2-4 p.m. Tuesdays
†Christ Church Hall, Bedford Place.

15. QUEEN'S PARK, 10.30-noon and 2-4 p.m. Wednesdays
†St. Luke's Church Hall, Queen's Park Road.

16. WOODINGDEAN, 2-4 p.m. Fridays†
*Hazel Cottage, Warren Road.

17. WESTDENE, 2-4 p.m., 1st, 3rd and 5th Mondays†
*Mobile Clinic, Withdean Stadium Car Park.

18. SALTDEAN, 2-4 p.m. Tuesdays
†St. Nicholas' Church Hall, Saltdean Vale.

19. KEMP TOWN, 10.30 a.m.-noon Wednesdays
†St. Anne's Church Hall, St. George's Road.

20. LEWES ROAD-HOLLINGDEAN ROAD
*Mobile Clinic, Saunder's Park.

Maternal Deaths

One maternal death occurred in Brighton during the latter part of the year of a patient confined in a Brighton hospital.

Enquiries were initiated on behalf of the Regional Assessor in relation to maternal deaths.

Puerperal Pyrexia

There were 14 cases of puerperal pyrexia notified during the year, 12 occurred in hospital and 2 on the district.

Ophthalmia Neonatorum

1. Total number of cases notified during the year 4
2. Number of cases in which:
   (a) Vision lost 0
   (b) Vision impaired 0
   (c) Treatment continuing at end of year 0

Premature Live Births

		Died within		
	Total	24 hours of birth	1-7 days	7-28 days
Born in hospital	151	5	1	–
Born at home and nursed there ...	6	–	–	–
Born at home and transferred to hospital on or before 28th day ...	2	–	–	–

Premature Stillbirths

Born in hospital 16
Born at home ... ... —

Family Planning

During the year 54 Brighton residents attended the clinic on medical grounds, of whom 12 were new cases.

The Health Committee considered the effects of the National Health Service (Family Planning) Act 1967 on existing arrangements in Brighton. Discussions took place with the representatives of the Brighton Executive Council, the Local Medical Committee, the Brighton and Lewes Hospital Management Committee, and the Sussex Branch of the Family Planning Association. Final decisions had not been reached at the end of the year.

Care of Unmarried Mothers and their Babies

The local authority accepted financial responsibility for 50 unmarried mothers.

The social workers employed by the Chichester Diocesan Moral Welfare Association continued to make the necessary arrangements for accommodation in homes before and after confinements, with support and guidance. The local authority continued its annual grant to the Association.

Phenylketonuria

Routine urine tests were carried out on all babies born during the year. No positive results were recorded.

Early Detection of Deafness

Of the 1,600 children under five years of age who were screened, 7 were referred for detailed investigation and of these 2 were found to be deaf. One of 13 months of age had a bilateral impairment of a moderate nature while the child of just under 6 months was found to be severely deaf.

Child Welfare Centres

Number of children attending ... 0-12 months	2,070
Number of children attending ... 1-5 years...	2,460
Total number of attendances at the clinics	34,867
Number of occasions children seen by doctor	12,495
Number of children referred for Orthopaedic treatment ...	170
Number of children referred for Ophthalmic treatment ...	107
Number of children referred for Dental Treatment	247

Orthopaedic Clinic—Children under 5

Number of children treated	143
Number of attendances	427

Surgeon's Clinic

Of those included above how many were new cases seen by the surgeon?	41
Number of re-examinations	76

Verminous Cases

No children under school age were cleansed at the School Clinic during the year ended 31st December, 1967.

Deprived Children

The meetings of the Co-ordinating Committee continued as hitherto and case conferences were arranged as necessary.

Nurseries and Child Minders Regulation Act 1948

At the end of the year 5 privately run day nurseries were registered, receiving into their premises a total of 103 children.

All the premises were visited at regular intervals.

Municipal Day Nursery

Brighton Corporation maintains the Manor House Day Nursery which provides accommodation for 36 children aged one-five years. During 1967 the average daily attendance was 25 and the number of children on the register at the end of the year 36.

The new Day Nursery in Morley Street (formerly Sussex Street) will be ready for use in 1968.

Welfare Foods

Issues of Welfare Foods from kiosk open daily at Royal York Buildings, from Monday to Friday, and from Child Welfare Centres.

	1963	1964	1965	1966	1967
Orange juice, bottles... ...	32,597	36,019	41,666	43,877	41,910
Cod liver oil, bottles... ...	3,298	3,197	3,166	2,873	2,746
A and D tablets, packets ...	3,947	3,790	3,836	3,638	3,448
National dried milk, tins ...	32,582	34,045	32,062	30,766	26,987
Rose hip syrup, bottles ...	9,787	19,439	23,550	23,692	21,135
A and D drops, bottles ...	5,311	7,723	14,005	11,147	11,698

DOMICILIARY MIDWIFERY SERVICE

Non-Medical Supervisor: Mrs. M. Wood

Senior Midwife: Miss M. F. de Chantal Costello
(left service December 1967)

Midwives: Mrs. M. G. A. Ashing
Mrs. G. Armstrong
Miss C. J. M. Dean
Mrs. E. Fellbaum
Miss M. Holdaway
Mrs. A. McIntosh (left service September 1967)
Miss M. Munt
Miss C. Squire
Mrs. M. Wilkinson

1967 saw the continued change in the balance of midwifery, many mothers having their babies in hospital and requesting early discharge. The Domiciliary Midwives have therefore been attending a great many mothers and babies, although the domiciliary confinements have considerably reduced in number

Number of domiciliary confinements booked	336
Number of domiciliary confinements delivered	224

112 patients were lost to the district for various reasons, i.e. moved to new address, hospital arranged later, on medical grounds, etc.

Number of arranged hospital early discharges	704
Number of arranged hospital early discharges finally nursed at home	497
Plus number of discharges for other reasons, against advice—stillbirths, pressure on wards for beds, etc.	311
Total	808

Medical aid was required for mothers and babies as follows:

Mother		*Baby*	
A.P.H.	8	Asphyxia	2
Premature labour	2	Prematurity	2
E.R.M.	1	Vomiting	3
Abnormal presentation	9	Female engorged breasts	1
Foetal distress	3	Hypospadias	1
Blood pressure	10	Thrush	4
Oedema	3	Eye infection	13
Albumin urea	1	Septic spots	1
Postmaturity	3	Imperforate anus	1
Abnormal labour	4	Malaena	1
Pyrexia	10	Fistula	1
Perineal suturing	17	Bruising	2
P.P.H.	1	Paronychia	2
Post natal depression	1		
Breast abscess	2		
Varicose veins	3		
Subinvolution	1		
Abdominal pain	2		
Influenza	2		

The second part training of students from Southlands Hospital, Shoreham and Horsham Maternity Unit, Horsham has continued satisfactorily. The programme for the students has tremendously increased in further education visits and discussions are arranged to include all aspects of the community:

Mental Health
Social Services
School and Health Visiting
Welfare Services
Family Planning
Welfare for Infants
Welfare for Geriatrics
Moral Welfare
County Council Session
Remand Home Visit

Student nurses from the Royal Alexandra Hospital for Sick Children visit patients in their homes with the midwives once a month, to learn about the care of mothers and babies at home.

During the past year the Obstetric Training Unit at Brighton General Hospital sent students out with the domiciliary midwives for short periods.

All the midwives have motor transport and radio telephones. The pupil midwives use public transport, taxis, and when necessary the ambulance car if no other transport is available.

The Emergency Obstetric Unit is based at Brighton General Hospital, and deals with cases for Brighton and district.

Mothercraft classes are held weekly on Tuesdays from 10 a.m. at Sussex Street Clinic in groups of 7 sessions, 3 held by the midwives, and 4 by the Health Visitors.

Distribution of Midwifery cases

Hospital	No. of beds	Number of women delivered		Number of practising midwives at end of year
		Admitted from Brighton	Admitted from elsewhere	
Brighton General ...	64	1,136	407	15 Full Time 3 Part Time
Sussex Maternity ...	61	909	799	19 Full Time 9 Part Time
Domiciliary Municipal Midwives		224		8
Private Midwives ...		—		1

Ante-Natal Clinics

Hospital	No. of women from Brighton	
	Ante-Natal Clinics	Post-Natal Clinics
Brighton General... ...	1225	874
Sussex Maternity... ...	964	647
Domiciliary midwives ...	332	—

Notification of Intention to Practise for Brighton area during year:

Hospital midwives	...	64
Domiciliary midwives	...	11
Private midwives ...	...	1

HOME NURSING

The Statutory duty of the Local Health Authority is carried out by the Brighton District Nursing Association (Queen's Nurses).

The establishment is 49 (including 3 Administrative and Supervisory Nursing staff).

Total number of cases nursed ... 3,610

The Superintendent comments:

During 1967. The number of new cases and visits has increased, the largest increase being in the over-65 age group. 14,129 bed baths were done during the year by Nursing Auxiliaries, thus allowing the trained nurse to devote more time to the acutely ill. There are now four full-time Nursing Auxiliaries and eight part-time Nursing Auxiliaries on the staff.

The demand on the Night Sitting Service continues to increase; during the year 411 patients were provided with night care, 101 of them being patients with carcinoma.

All patients now have a routine urine test for the detection of glucose.

15 Tuberculosis cases nursed.
241 Carcinoma cases nursed.

Following the decision of the Queen's Institute of District Nursing to dis continue the award of their Certificate, this Authority has decided to subm a scheme of training to the Minister of Health for approval.

CARE OF THE AGED, 1967

Number known to the Section			5,775
Visits made by Geriatric Health Visitors			1,721
Visits made by District Health Visitors			2,603
Visits made by Mrs. Breen, Geriatric S.E.N....			398
Visits made by ancillary staff:	Miss Blizzard ...	736	1,958
	Mrs. Murtagh ...	562	
	Mrs. Walmesley ...	425	
	Mrs. Le Duc	235	

Request for Services from this Section:

Laundry Service	100	(an increase of 24)
Home Help	386	(an increase of 41)
"Meals on Wheels"	162	(a decrease of 62)
Night Sitters	53	(a decrease of 47)
Removals under Section 47 ...	4	(a decrease of 4)

The number of aged seeking advice and help from this department ha increased by 457 this year. As a result interviews and contacts on behalf o the elderly by the geriatric health visitors, and arrangement for supportiv services, have also increased in proportion. Weekly visits to Brighton Genera Hospital, Royal Sussex County Hospital, New Sussex Hospital and Bevendea Hospital, by the geriatric health visitors, have continued and a close liaiso with the Welfare Department and Housing Department has been maintaine over the past year. On many occasions joint visits and consultations hav taken place where both departments have been involved, also with the Menta Welfare Officers and Psychiatrists where necessary.

Convalescence where arranged has been of great benefit, and the chiropod service when it has been available, much appreciated. Owing to the shortag of staff this has been much reduced and, as in the latter months of 1966, cause distress and immobilization to those clients it affected. All the other domiciliar services, Home Helps, Laundry Service, etc., etc. have been used extensivel during the year. In the last two months of 1967 the laundry service prove inadequate, but severe pressure was placed on this due to the increased illnes amongst the elderly.

The Night Sitting Service (operated through Mrs. Carden's agency) was i great demand but difficulty was experienced with obtaining personnel for thi type of work. Night sitting has had to be provided on many occasions by th co-operation of the Superintendent Queen's Nurse. The resultant use of Stat Registered Nurses has been very expensive and in some cases an unnecessar waste of skilled personnel.

The bath service with transport at Hollingdean has been used and apprec ated. In the severe weather request for this service decreases owing to the fac that old people cannot go back to cold and inadequately heated rooms o houses, as the case may be, and therefore prefer to cancel the arrangement made; where this has occurred, when possible the ancillary geriatric staff hav covered this need if the old person has not been ill or requiring nursing attentio

The addition of a S.E.N. working under the supervision of the geriatri health visitors has been of enormous advantage, giving the specialist mor

time to visit the growing number of the very complex and urgent cases needing her attention.

Weekend care for which three members of the ancillary staff are specially recruited, continues to be the backbone of this section by its provision of immediate help, and there is no doubt, prevents many distressing situations from deteriorating further while awaiting 24 hour care in a hospital or home. The District Health Visitors have continued to find many new clients and given much support to the geriatric health visitor where joint effort has been necessary.

This year there have not been so many of our clients re-housed and fewer housing reports have been requested. It is, however, noticeable that more elderly people have required Part III accommodation and sheltered housing, particularly as the number of mentally frail, very old people, appears to be increasing and these require 24 hour supervision not possible in spite of all our domiciliary services, for any length of time.

A very constructive help in the rehabilitating by the geriatric health visitor of the isolated old person has been given by the five Luncheon Clubs in the town run by the voluntary organizations (The Old People's Welfare Co-ordinating Committee), and many of our clients have been prevented from depression and loneliness, particularly after bereavement, by an introduction to a Club which has provided not just the meal but the necessary social contact with the younger community.

During the last two months of this year unparalleled illness caused by severe weather conditions struck the ageing population. A large number died suddenly, and alone without help. Only a *minority* have been *reluctant* to accept this when it was offered. This brought to light the complete lack of communication between neighbours in both Corporation and private housing accommodation which had it existed would have perhaps given a much earlier signal of the distress and in that way might have even prevented so many deaths. It also provided evidence of the urgent need to ensure sufficient money for fuel and heating for old people so that continuity of temperature can be maintained for 24 hours. During these months it was observed that a number of the aged collapsed in the early hours of the morning and during the night when it was no longer possible to keep the fire or radiators going due to the fact they had insufficient money to provide for this, or were too frail to cope with this very necessary chore.

Last, but not least, the crisis demonstrated that it is necessary for at least one good balanced meal per day to be provided for every aged person. This again can be made possible by the co-ordinated help of the community in addition to the already heavily laden statutory services.

NATIONAL ASSISTANCE ACT 1948—SECTION 47

Mrs. A., aged 78

First known to Health Department on 11th August 1960. Follow-up visit after discharge from hospital, where she was treated for fracture of arm and had reduction of hernia. Lived alone in an unfurnished basement flat in the centre of the town, which was well kept. Managed well with Home Help attending, until 1963. Routine visits being made by Geriatric Health Visitor. Name then placed on the waiting list for a Welfare Home.

From 1963-1965 Mrs. A. showed slight mental deterioration, and in 1965 became incontinent at times. The Home Help was increased, and she was again supported by the Geriatric Health Visitor and other services, for which she was grateful but adamant that she wished to remain at home. Her family,

who lived out of Brighton, visited at intervals, and Mrs. A. was able to go ou to mid-day lunch when she felt like it. The Laundry Service was arrange and accepted, and protective garments for her incontinence supplied to he by the Health Department.

December, 1966. Mrs. A. was not well. She became extremely confused an forgetful at times, leaving on gas taps and receiving frequent visits by he family doctor. Finally, because of the danger of explosion, the gas was cut off with the consent of Mrs. A., and she continued to cook with electricity. A Queen's Nurse was called in for a weekly visit, to help with bath. At the en of December, Mrs. A. began to wander at night and disturb other tenants b her noise.

January, 1967. A visit was made by the Welfare Officer, and a vacanc in a home offered; this was refused.

On the 21st February, 1967, Mrs. A. was visited by the Medical Officer o Health and Geriatric Health Visitor. She was now house-bound, but would not agree to enter a home. During March she was visited regularly by th Geriatric Health Visitor, but ceased to get dressed and remained in her nigh gown most of the day. Her heating was by means of an open fire, and a Hom Help was arranged daily during this period. She was also observed at th week-end by the Ancillary Geriatric Staff.

On the 23rd March, an electric ring in the flat was left on by Mrs. A. fo about fifteen hours, causing danger of fire. She was also more confused mentall and was seen by the Medical Officer of Health, but would not give her consen to entering a home. Application was made for her removal under Section 47 as it was impossible to supervise her care by means of Domiciliary Service and she was removed to a home. She did not settle down well and refused t remain. An extension was granted under Section 47, and later, in early June Mrs. A. was transferred to hospital becoming too confused and agitated t remain in Part III accommodation. She died in January, 1968.

Mrs. B., aged 77

Mr. and Mrs. B. became known to the Health Department in May 1964 when they became worried as they had to leave their 3-bedroomed home afte 42 years. Mr. B. was an invalid after a stroke, and was cared for by his wife They were on the Housing List, and had notice to leave on the 6th September 1965. They were visited by the Geriatric Health Visitor and advised, but fel they could manage without services at that time.

In September, 1965, Mr. and Mrs. B., who had been visited at intervals began to neglect themselves. Mrs. B. was not so well, and agreed to a laundr service. The Housing Department were trying to help with regard to th accommodation.

February, 1966. Couple moved to a Council flat in an area, near a clos relative who was willing to help.

March, 1966. Mrs. B. was found to be suffering from a kidney condition and developed oedema of lower limb and ulceration of the same, and als arthritis. Queen's Nurse attended daily to dress Mrs. B's leg, and to atten to her husband.

April, 1966. Mr. B. died, and his wife developed a cardiac condition. Agree to have Home Help twice weekly and Meals-on-Wheels, and supervision b the Geriatric Health Visitor. She was now house-bound, and slept in a cha owing to difficulty with her breathing.

November, 1966. Still under the supervision of the Geriatric Health Visito Home Help once weekly, and Queen's Nurse not now attending. Meals-on Wheels were supplied daily, and Mrs. B. heated her premises by an electri

fire, which she insisted on having perched on a table near to her. She also began to neglect her personal hygiene and toilet.

March, 1967. Rapid deterioration and gross oedema. Still sleeping in a chair at night. Visited by family doctor and refused to consider hospital treatment which he suggested. On the 22nd March, 1967, an offensive odour permeated the flat due to neglect of Mrs. B's physical needs. She was unkempt and dirty, but still refused to consider admission to hospital or other help, and managed to get around in her room with difficulty. On the 23rd March, she was visited by the Medical Officer of Health, who decided to keep her under observation. Mrs. B's family did what they could, visiting quite frequently and trying to persuade her to accept hospital admission, but Mrs. B. locked the door and they were not always able to gain access. The Home Help attended but was not allowed to clean the room thoroughly.

On the 25th April, 1967, the doctor visited and offered Mrs. B. a bed; this was refused.

4th May. Mrs. B. was visited by the Medical Officer of Health, and agreed to allow the Geriatric Ancillary Staff to bathe her.

22nd June. Visited again by Medical Officer of Health who decided to continue observation by means of the Domiciliary Services. On the 28th July, the police were called and broke into the house, as Mrs. B. had collapsed at the bottom of the stairs. She then refused to allow an ambulance to remove her to the hospital, and, in consequence, was visited by the Medical Officer of Health. A Section 47 Order was granted, and she was removed to the hospital where she died ten days later.

Mrs. C., aged 81

Known to Health Department since October, 1965, when the husband, aged 86 years, was also alive. Both then required help. Had been living on capital; too proud and independent to apply for financial assistance. This had now been depleted entirely, and they were found selling jewellery and furniture to buy food. They lived in an unfurnished flat in the centre of the town. When visited by the Geriatric Health Visitor arrangements were made for Meals-on-Wheels, and the necessary financial and domiciliary aid was organized. Mrs. C. at that time was beginning to be forgetful and confused.

December, 1965. Couple now receiving financial aid. Cooking adequately, Home Help not required, but receiving visits from the Geriatric Health Visitor.

20th December, 1965. Mrs. C. fractured a bone in her foot, and had to walk with a Zimmer Aid. Required a Home Help, which was arranged, and attended the Out-patient Department at the hospital for treatment. Her husband was fit and well.

July, 1966. Family doctor contacted the Health Department saying Mr. C. died suddenly during the night, and could the Geriatric Health Visitor see Mrs. C. Visited, and found Mrs. C. shocked and very upset. Daily Home Help and Meals-on-Wheels were arranged. Financial affairs organised, and Welfare Services Department assisted with funeral arrangements. Week-end care was given by the Ancillary Geriatric Staff, as Mrs. C. was entirely alone without any near relatives in the country. The neighbours looked in, and did what they could to give moral support. Mrs. C. had a small dog and wished to remain where she was, although offered a vacancy in a Welfare Home. Help was arranged for her, with regard to budgeting and management of finance.

On the 29th September, 1966, Mrs. C. deteriorating, not feeding properly and also taking a little alcohol which, with lack of food, made her confused and unsteady on her feet. A close relative arrived from abroad, and tried to help and persuade Mrs. C. to enter a Home but she was adamant that she wished to remain with her dog in her own surroundings.

From the 10th April, 1967, she was visited constantly by the Geriatri Health Visitor, was found to be often losing her Pension Book, going out an forgetting her address, neglecting her personal hygiene and food, extremel confused and very frail.

24th April. Now suspicious of neighbours. Calling out at night, forgettin to feed the dog and unable to co-ordinate her arrangements; disturbed an upset over tenants in the house and shouting abuse at them. Arrangement continued for week-end care, Home Help and Meals-on-Wheels and adminis tration of finance when this was allowed by Mrs. C.

Mrs. C. was seen by a Consultant, and required care as an Out-patient fo depression and twenty four-hour supervision, meals etc. To these she woul not agree.

1st June. Seen by Medical Officer of Health and family doctor. Still adaman that she did not wish to leave her home.

6th June. Visited again by Medical Officer of Health. Deteriorating furthe —depressed, confused and now taking to her bed. Still adamant that sh wished to remain at home but the Domiciliary Services now unable to cove her necessary care.

A Section 47 Order was obtained by the Medical Officer of Health, and Mrs. C was admitted to a Welfare Home where she settled down fairly well.

HOME HELP SERVICE

The main development in the Home Help Service this year has been th transfer of an Organizer to a district office at Hazel Cottage, Woodingdean This has proved a great success from an administrative angle and has produce economies in travelling time and bus fares for the Home Helps.

The helpers living and working in the Woodingdean area are able to contac their Organizer at Hazel Cottage from 9 a.m. to 10 a.m. and from 4 p.m. t 5 p.m. daily. On Friday afternoons they can hand in their weekly time sheet and collect their pay there.

It is also convenient for the Organizer to visit her patients from this bas and she can also be easily contacted there by other members of the Healt Department team in the same building. Expectant mothers of Woodingdea wishing to book a Home Help for their confinement period also find it convenien to be able to see the Organizer there.

An additional Organizer was appointed in June making six in all. They ar each responsible for two neighbouring parts of the town which can roughly b described as:

Kemp Town and Saltdean
Moulsecoomb and Coldean
Seven Dials and Dyke Road
London Road and Hollingbury
Preston Circus and Hollingdean
Queen's Park and Woodingdean.

These areas are sufficiently large for the majority of patients to be supplie with Home Helps living in the district. Smaller areas would not be so conveni ent from an administrative angle.

The number of patients helped in 1967 increased by 167 over the 196 figures but the number of home helps employed decreased by 3. This is due t the increase in number of old people helped and a reduction in the number o maternity cases. It is also noticeable that few mothers now ask for full-tim help for the confinement period.

Home help to householders for persons

Aged 65 or over on first visit in 1967	Aged under 66 at first visit in 1967				
	Chronic sick and tuberculosis	Mentally disordered	Maternity	Others	
No. of cases 1853	125	—	118	148	TOTAL 2244

Staff: Organizer 1
Assistant Organizers 6
Administration and Clerical 1
No. of home helps (a) Whole time... ... ... —
(b) Part time 239
(c) Whole time equivalent of (b) ... 124

NURSES' AGENCY

There was one licensed nurses' agency on the register at the end of the year, with the following number of nurses on the register:

Female	S.R.N.	64
Male	S.R.N.	2
Female	R.F.N.	1
Female	S.E.N.	11
Female	R.M.N.	1
Female, Unregistered...		3

HEALTH EDUCATION

Health Education topics of a wide variety were presented to the Community through pre-formed groups, schools, poster and leaflet campaigns and by the Midwives and Health Visitors in their general work.

Topics covered included smoking, food hygiene, home safety, personal relationships, vaccination and the work of the Health Department. Monthly displays were continued in the foyer of Royal York Buildings where they are seen by large numbers of the general public.

The section co-operated with the Mental Health section for Mental Health Week in June and an exhibition was arranged showing various aspects of the Health Department for the Royal Institute for Public Health and Hygiene Conference in October.

In January the Brighton Home Safety Advisory Committee was formed under the Chairmanship of Councillor Baldwin. It is composed of Councillors and delegated representatives of interested bodies. Its work is to stimulate interest in safety through publicity and group teaching. It is hoped to reach firms and the housewife.

In view of the decision by the Council to support Radio Brighton, provision was made for health talks prepared by the Health Department staff to be included when the radio station opened in 1968. Representatives attended the many meetings held by Radio Brighton staff to discuss programme needs.

New visual-aid equipment was added to the Department, including a Bell Howell Movie Projector.

In August Mrs. Q. Rolfe left the section to work in the Education Depar ment. Miss A. Howard, a former graphic designer, was appointed in Septemb and Miss A. Burkitt, formerly Assistant Health Education Organizer at Cro don, was appointed as Health Education Organizer in November, 1967.

Deaths from Home Accidents 1967 analysed by age

	—1	1–4	5–9	10–14	15–24	25–44	45–64	65+	Total
Male	–	1	–	–	3	2	4	15	25
Female	2	–	–	–	–	2	6	49	59
	2	1	–	–	3	4	10	64	84

These figures emphasize the main field of preventive work among the agee

CONVALESCENT HOLIDAYS

Over 150 people were granted recuperative holidays in 1967. General Pract tioners have again been eager to obtain these holidays for necessitous patient The elderly, chronic sick and disabled have been sent to Private Homes a Horam, Bognor, St. Leonards and to W.R.V.S. Homes at South Nutfield i Surrey and Chigwell in Essex. Use has been made also of the local W.R.V.S. scheme for children's holidays. Mothers and children have been sent away c holiday together when the need has been medically supported. Many letter of appreciation have been received in this Department.

Cases accepted for assistance:

	Referred by G.P's	Referred by others
Children	8	—
Mothers and children	2	—
Adults	22	—
Geriatrics	122	—

Subsequently, arrangements for five adults (including four geriatrics), wer cancelled.

Miss Evans who arranges recuperative holidays has also undertaken wor in connection with the Marie Curie Foundation and with patients sufferin from cancer and other chronic illness.

The Marie Curie Foundation is primarily designed to bring immediat assistance to cancer patients in their own homes when other local authorit sources are not available. This is implemented by local agents, and in th County Borough of Brighton the Medical Officer of Health has agreed to ac as agent for the Foundation. Domiciliary nurses have been recruited and ar working with the local district nursing service. The Foundation has severa Homes of its own and may also make grants in exceptional cases towards th fees of local Nursing Homes. Financial help has been received from the Founda tion for five patients since the local scheme was inaugurated in July.

The Medical Officer of Health has agreed to make facilities available fo contacting organizations on behalf of needy patients who require financia help to meet the fees at Copper Cliff Nursing Home which was opened i May 1967.

CANCER PREVENTION CLINIC

The Brighton Cancer Project was disbanded in April 1967 and its cervical ytology service taken over by the local authority.

From the figures set out below it will be seen that there has been a gradual ecline in attendance, clinics now averaging two a week, representing between 0 and 50 women.

	1966	January-March 1967	April-December 1967	Total 1967
Attendances	5574	897	1252	2149
Confirmed Positives ...	28	4	5	9
Breast referrals	100	21	45	66
T.V. infection	183	24	31	55
Other conditions	190	77	138	215
Glycosuria	50	3	4	7
Albuminuria	16	5	19	24

This slackening in demand for appointments is, doubtless, partly due to the linics now available in East and West Sussex. Since the successful inception f the Brighton Cancer Project, increased hospital laboratory services became vailable facilitating the setting up of other local authority cervical cytology linics. Another contributive factor is the absence of continual publicity now he service no longer has the impetus of a voluntary body.

Advertising brought an initial but not sustained response and I propose, hrough my Health Education Section, to launch a campaign early in 1968.

AMBULANCE SERVICE

fficers of the Ambulance Service:

Chief Ambulance Officer: A. J. SUMPTER.
Deputy Chief Ambulance Officer: E. R. Kimber.
Control Officer: S. A. Charlwood. *Training Officer*: C. Relf.
Station Officers: J. Thom, A. Bunney, C. Donno, A. Mackay, F. Hurley.

The number of patient journeys covered by the directly operated Service as 98,224 an increase of 6,016 which, together with 8,276 patient journeys overed by the Hospital Car Service (an increase of 234) brought the total ourneys to 106,500, a total increase of 6,250.

The directly operated Service covered 356,664 miles (an increase of 19,912 iles) and miles run per patient journey remained at 3.6 miles.

Compared with the year 1966 increases and decreases are as follows:

Increase		*Decrease*	
ccident and Emergency ...	341	Maternity	32
ter-Hospital Removals ...	184	Mental	112
dmissions	201	Infectious	19
ospital to Home	81	For other Authorities	30
eatments and Returns ...	6564	Downsview	843
18" Club...	424	Health Dept. Occ./Therapy ...	267
ight Sitters and Geriatric Visits	238	Manor House Day Nursery ...	713
		Deceased persons...	1
Total increases	8033	Total decreases	2017

Increase ...	8033
Decrease ...	2017
Net increase ...	6016

Use of Resuscitation Apparatus carried on 11 major ambulances

The need for the use of resuscitation apparatus arose 214 times during th year with the following results:

Respiratory arrest	Successful 17 (10.5%)	Unsuccessful 144
Embarrassed breathing	Successful 53	Unsuccessful Nil

Accident and Emergency Calls

Each year these calls become greater in number and a record figure o 4,677 emergency calls was received for home and road and beach accident accidents at work, sudden illness in public places and in the home, also acciden to children at school.

Owing to the large number of elderly citizens in Brighton many collapse i the street whilst out shopping, particularly in the cold weather.

To cover an average of 13 emergency calls per day a considerable amount o manpower is engaged in these operations which, on occasions, give rise to dela in the more routine work, but every endeavour is made to deal with the re mainder of the work according to medical priority.

Staffing of the Ambulance Service

Owing to increased commitments and emergency calls, also time consumin factors in terms of increasing number of long journeys by road, the changin pattern of patients to hospitals outside Brighton, and also provision of relie for staff sickness and holidays, the Health Committee agreed to increase th ambulance staff by four men in September 1967 and for a further two men t be engaged in April 1968.

This has had a beneficial effect in the ability of the Service to more adequatel cover its growing responsibilities and to be able to run to time.

Training

The Training Officer was busily engaged throughout the year in trainin new entrants and more advanced training for men of two years' service, als revising all aspects of the wide field of knowledge in which all staff must b kept trained.

The continuous interest of all staff in the need to obtain the widest possib knowledge and ability in ambulance skills is no doubt due to the valuab work of the Training Officer and where cases of outstanding interest aris considerable discussion is held on these matters by those concerned, with the colleagues.

The result of this is plainly shown in the pride of professional approac amongst the staff and in the depth of knowledge they hold.

During 1966 the Ministry of Health took steps to develop the recommenda tions made by the Working Party on Ambulance Service Training and Equip ment in their Report Part I on Training, by holding conferences to devise training syllabus according to the recommendations in the Report.

Representatives of ten authorities who were engaged in ambulance sta training including Brighton attended several study meetings, and as the resul a syllabus was eventually finalised.

Nine authorities have since carried out experimental training courses usin the syllabus, and it is hoped that shortly a national training scheme wit appropriate residential training schools will be approved by the Minister o Health.

We are pleased to have had the opportunity to assist the Ministry in this very worthwhile project.

Night Sitters Service

The provision of night sitters continued to be provided through the Geriatric Health Visitors and the District Nurses, and where these arrangements were made the night sitter together with necessary equipment was conveyed to look after 250 patients during the year.

Visits to the Ambulance Station

During the year members of 35 local organizations visited the Ambulance Station and in all, 629 people attended.

Talks were given by Officers of the Service and the visitors shown round the Control Room, vehicles and equipment.

Great interest is shown by visitors and many questions asked, and there is no doubt that this particular form of public relations is worthwhile and probably gives the visitors some idea of the value obtained from their rates.

Local Authority Ambulance Service Efficiency Competition

These Competitions are held annually under the auspices of the National Association of Ambulance Officers at Regional and National level, each authority allowed to enter one team only.

To determine the team to represent Brighton, six two-men crews of the Brighton Ambulance Service competed against each other and as the result Ambulancemen P. White and G. Homer became the team to compete in the Regional Competition.

The Regional Competition was held at Battersea Park, London in June 1967 and Brighton won the premier award, the Wadham Trophy with 317½ points.

Twelve local health authority teams competed and all were of a high standard.

As the result of winning the Regional Competition, Ambulancemen P. White and G. Homer competed in the National Finals held at the Rover Motor Company's Works, Solihull in October 1967, together with nine other Regional winning teams. The winners were the West Riding County Council with 323 points, with Liverpool County Borough second with 296 points, and Brighton County Borough third with 286 points.

Ambulanceman P. White obtained the Naldrett Cup for Best Attendant in the Competition, and both members of the Brighton team received National Competition mementoes.

Sixty-eight Ambulance Services originally entered the Competition and it will be appreciated that the standards met with at the National Finals are extremely high.

National Safe Driving Competition 1967

The following awards were obtained in the Safe Driving Competition for drivers who have driven throughout the year without accident in which they are in any way blameworthy.

21 Diplomas
1 Bar to Five-Year Medal
1 Bar to Ten-Year Medal

Reception of Ambulance 999 Calls for Brighton and Hove

Since the inception of the Ambulance Service in 1948 all Ambulance 999 cal were originally directly received from the Telephone Exchange by the Brightc Police for both Brighton and Hove Ambulance Service. This arrangemer has worked very well and all would have been happy to have continued.

In 1967 arrangements had to be made to merge East Sussex, West Susse Brighton, Eastbourne and Hastings Police Forces into one combined Susse Constabulary and as the result of re-organization, the reception of Ambulanc 999 calls could not be continued.

As from the 1st November 1967 the reception of Ambulance 999 calls fc both Brighton and Hove Ambulance Services was taken over by the Brighto Ambulance Service and calls for both areas received direct from the telephor exchange.

Special direct lines were installed to complete the following communicatior network:

Direct line from Brighton Telephone Exchange to Brighton Ambulanc Service for 999 calls;

Direct line between Brighton Ambulance Service and Hove Ambulanc Service;

Direct line between Brighton Ambulance Service and Sussex Police;

Direct line between Brighton Ambulance Service and Brighton Fir Service.

By use of these lines Ambulance 999 calls arising in either Brighton or Hov are passed to Brighton Ambulance Service and dealt with as appropriate i the shortest possible time, and likewise all emergency services in the Brighto and Hove area are directly linked with direct telephone lines. These arrange ments are working perfectly.

Snow and Traffic Chaos — Friday, 8th December, 1967. Operation of th Ambulance Service—Report from Chief Ambulance Officer to the Medica Officer of Health.

The heavy snowing commenced at 10.30 hours and the normal number c treatment patients was conveyed to hospitals.

At 11.57 hours emergency calls started to come in as the result of the weathe people falling breaking bones, traffic accidents, people collapsing in streets heart attacks, falls down stairs, and by midnight 64 emergency cases ha been dealt with.

The snow persisted and by lunch time traffic was jamming all roads s ambulance progress was slow.

Extra to the emergencies an endeavour was being made to get some of th treatment cases home, but owing to traffic conditions and the deepening snov progress was very slow.

I contacted the Royal Sussex County Hospital telling them of our pligh and asked them to prepare to keep many treatment patients for the night a we should never be able to clear them. This was done and many slept in th Out-patients Department and were fed.

Every available man and woman was kept working into the evening an night and all responded magnificently to everything I required of them.

By 4 p.m. the roads were becoming strewn with abandoned, and alread parked cars and many roads became impassable owing to these cars. Th

result was that 13 ambulances became caught up with vehicles behind them and which had been abandoned so they had to be left. Fortunately patients were not involved in the marooned ambulances, but the remaining 11 ambulances kept going.

Crews of these abandoned vehicles walked back to base and we were glad to have them for extra manpower was necessary on the remaining vehicles, and staff were showing signs of tiring.

Quick meals were provided at both the Ambulance Station and at the Royal Sussex County Hospital for ambulance staff which served to keep them going, and general operation was closed down at midnight except for emergencies.

Staff slept on stretchers with blankets until 7 a.m. and most of them again got to work to clear up as many of the back-log as possible, also dealing with a further spate of emergencies which again commenced as the public got out on the streets.

Again we were faced with falls, broken bones, collapse cases, heart attacks etc. but not at the same rate as on the previous day.

The children at Manor House Day Nursery and at Downsview were conveyed home after having slept at the establishments.

Rottingdean, Saltdean and all places to the East of Brighton were still cut off with blocked roads and abandoned cars.

An Eastbourne Ambulance with some patients had arrived at Saltdean and broken down on Friday and two of our men proceeded to rescue them from their plight.

They got to Saltdean and back to Rottingdean when, owning to blocked roads, they were marooned, so we directed them to the British Red Cross establishment at Rottingdean where they all slept for the night and went out and obtained food in the village the next morning which was prepared by our men at the British Red Cross premises.

Later on Saturday we were able to get these people out of Rottingdean and also a fracture-dislocated shoulder case which we had been unable to get to.

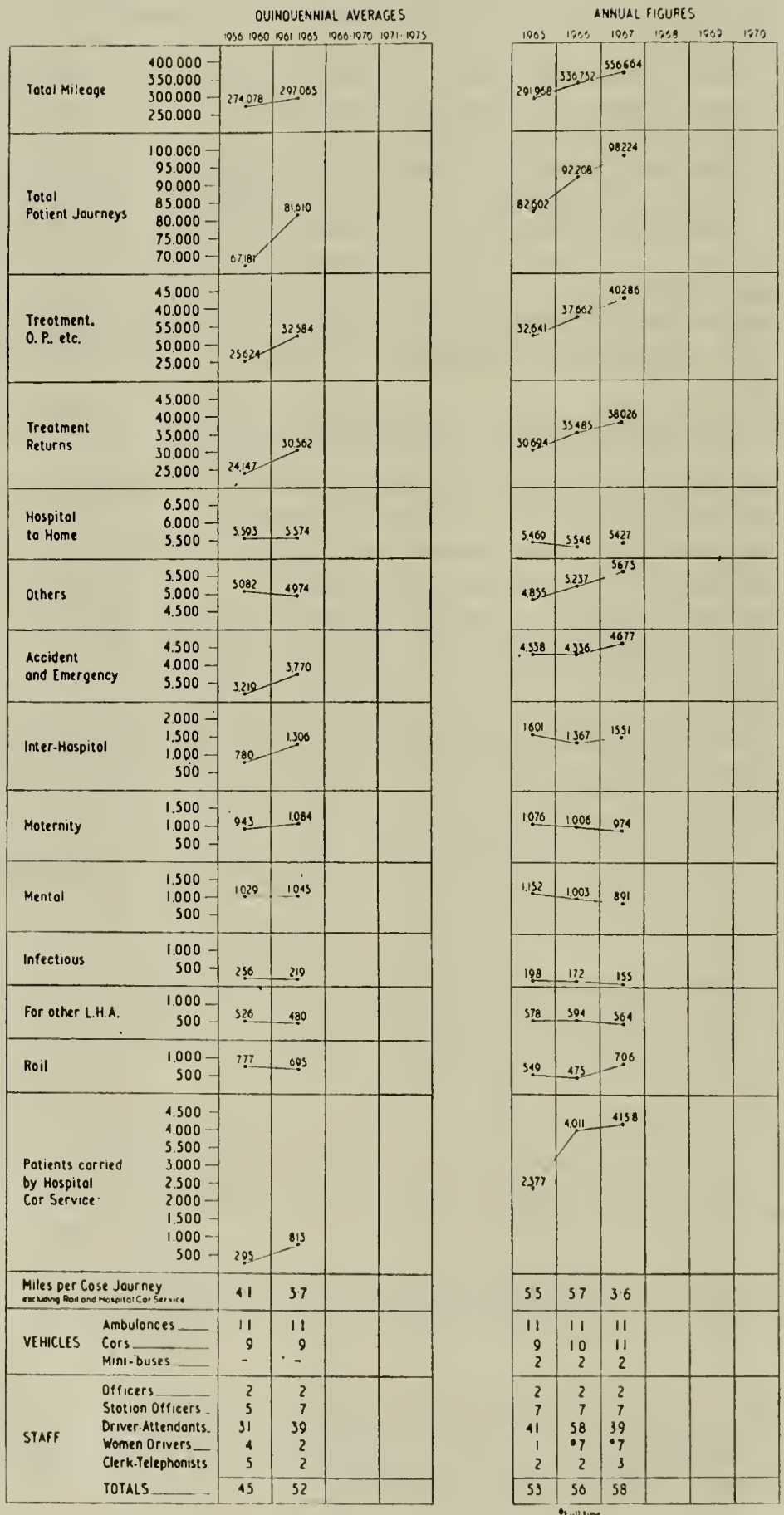
Saturday found us at the end of the day with things reasonably covered, and very tired staff and all marooned ambulances recovered. I would like to mention here the wonderful effort made by every available member of the Service, operational, clerical and mechanics, they just laboured on through the long hours with no thought other than for the patients.

The Control Room dealt with calls from every possible source, for buses and taxis had all stopped, and disturbed people, also relatives, must have been queueing to get through to us for the calls were incessant hour after hour, most of whom we had to politely refuse. The exception was where elderly folk were involved, and these we did our best to help.

I, and my Deputy, were directing and making continuous decisions in the Control Room, and throughout the long hours, every member of the staff kept wonderful self control and listened politely to every caller, and when unable to help, they made every endeavour to assist with alternative suggestions.

The fact that we managed to keep going long after all other folk had stopped, and that as far as I know, no sick or injured person failed to receive our help, even if a little delayed, gives rise to my being very pleased and thankful to our staff and Transport Department mechanics.

AMBULANCE SERVICE



PREVENTION OF ILLNESS, CARE AND AFTER-CARE

TUBERCULOSIS

Five of the total of 14 deaths from tuberculosis occurred in hospitals in the Brighton area.

9,781 attendances were made at the Chest Clinic during the year, of which 3,186 were by new cases.

249 of the new cases were referred via the Mass X-ray Unit. Three of these had active tuberculosis.

45 patients were visited by the Chest Physicians in their homes and in hospitals during the year.

937 new contacts of cases of tuberculosis were examined during the year, none of whom needed treatment in hospital for tuberculosis. The sharp increase in the number of contacts who attended during the year is accounted for by the fact that chest X-rays were carried out on a large Government department in Brighton, following the discovery of an active case of tuberculosis on the staff.

161 B.C.G. vaccinations were carried out at the Chest Clinic during the year.

212 schoolchildren were X-rayed at the Chest Clinic during the year, following positive tuberculin skin tests at school. Parents who accompanied them were offered chest X-rays. All were normal.

The total number of primary notifications during the year was 27 pulmonary and 7 non-pulmonary. Five of these cases were notified after death and were previously unknown to the Chest Clinic. It is believed that, in some cases, they had only recently come to live in Brighton and may, therefore, have been notified elsewhere.

The total number of cases still on the Tuberculosis Register on 31st December, 1967, showed a decline with 365 cases of pulmonary tuberculosis and 29 cases of non-pulmonary tuberculosis.

Rehabilitation

One case continued to be maintained at the British Legion Village, Aylesford.

Supplementary foods

On the recommendation of the Consultant Chest Physician official orders for milk, butter and eggs are given to patients to hand to their suppliers. During the year 58 patients were supplied with milk and 14 with butter and eggs.

Occupational Therapy

Three sessions were held each week in the Health Department work-room with a Demonstrator in attendance. In addition domiciliary visits were made to patients unable to attend sessions.

Patients attending Royal York Buildings	25
Total attendances	1429
Sessions held	150
Patients visited in their homes...	17
Number of domiciliary visits	77

Social activities were also arranged and the Church Hall continued to be used for a gathering one evening each month.

Patients attending the eleven social evenings held	15
Total attendances of patients	98
Total attendances of guests	84

In addition there were coach outings during the summer to the country followed by tea. These were much appreciated and fully enjoyed.

Mosaics as a craft was introduced and proved very successful for male patients. Many interesting and useful items were made.

B.C.G. Vaccination of Contacts of Tuberculosis

145 B.C.G. Vaccinations were given to contacts at the Chest Clinic during the year.

B.C.G Vaccination of School Children (11 years of age and over)

	Maintained Schools		Independent Schools	
Estimated Number of eligible pupils ...	1665		500	
Number of consents received	1799*		353	
Number of skin tests	1678*		335	
Positive reactors to skin tests	85		28	
Post vaccination positive	91		19	
Vaccinated	1375		271	
	1967	1966	1967	1966
Positive reactors as % of persons skin tested	5.1%	9.9%	8.4%	12.5%
Positive reactors + those vaccinated as % of the estimated number eligible...	87.7%	66.2%	59.8%	46.6%

*There were many children aged 12 years who had been absent in 1966 and attended in 1967.

The acceptance rate for the skin tests is very high, and the number of positive reactors decreased while the number of persons vaccinated increased by 316. Each of the positive reactors was offered an X-ray at the Brighton Chest Clinic, and all had satisfactory results. Several parents of positive reactors requested X-rays and also had satisfactory results.

One independent School has altered the age group of the students accepted at the school, and no longer has any students aged 11 years.

Colleges of Further Education

The Sussex University, the Brighton College of Education and each of the Colleges of Further Education were offered B.C.G. skin tests and vaccinations for students who had not received B.C.G. vaccination before.

Consent cards received	77
Skin tests	66
Positive reactors to skin test...	20
Vaccinations	31

The proportion of positive reactors is 30% compared with 24% during 1966.

Skin Tests and B.C.G. Vaccinations

A School Nurse has given the skin tests and has inspected the B.C.G. vaccinations. The Medical Officer has read the results of the skin tests, and has given the vaccinations.

Mass X-ray

The East Sussex Mass Radiography Unit is based in Brighton.

The Director of the Unit, Dr. B. G. Rigden, has kindly sent me the following particulars of examinations carried out in Brighton during the year.

Age Groups	Number X-rayed Male		Female		Total	
	Figures for 1966 in parentheses					
Up ro 15 years	147	(158)	175	(155)	322	(313)
16 to 26 ,, ...	2,590	(3,793)	2,471	(2,598)	5,061	(6,391)
26 to 35 ,, ...	1,168	(1,664)	985	(1,182)	2,153	(2,846)
36 to 45 ,, ...	1,191	(1,571)	1,225	(1,561)	2,416	(3,132)
46 to 59 ,, ...	1,503	(1,872)	1,518	(1,834)	3,021	(3,706)
60 years and over ...	897	(1,051)	818	(925)	1,715	(1,976)
Totals	7,496	(10,109)	7,192	(8,255)	14,688	(18,364)

Of the above total 2,166 (2,606) people were sent by their family doctors to the Unit for X-ray examination.

Assistance from the Hedgecock Bequest

An allocation is made to this Department from a charitable bequest which is used mainly for the benefit of patients suffering from tuberculosis and for the aged.

Expenditure during the year was as follows:

	£	s.	d.
Contribution towards electricity account	12	10	0
Maintenance of nursing and convalescent cases...	48	2	4
Curtaining material and bedding	22	16	2
Milk for aged persons		19	0
TV rental and licences	6	4	8
Assisting towards cost of food and baths for volunteers decorating old people's homes	52	19	6
Grant for special diet	10	0	0
Assistance with rent	8	4	0
	£161	15	8

CHIROPODY SERVICE

A heavy burden was placed on the Chiropody Service throughout the year due to staff shortages through sickness and the difficulty of obtaining new staff. Long delays occurred in re-appointments for treatment and the length of the waiting list grew to such proportions that in September, it was agreed not to accept further recommendations for treatment. As an interim measure the local branch of the Society of Chiropodists was approached to see if their members would help with domiciliary treatment, but the response was nil. However, one private chiropodist, on his own initiative, contacted the department offering his help, and now carries out a limited number of domiciliary treatments on a fee paying basis. An additional full-time chiropodist was eventually appointed in October bringing the establishment to 2 full-time and 4 part-time chiropodists.

At the end of the year the service was once again operating efficiently with recommendations for treatment being received and re-appointments back to a reasonable period.

Given below are statistics for 1967 with comparable statistics for 1966 in brackets. The demand on the service has been consistently heavy throughout

the year and the drop in numbers is entirely due to the difficulties mentioned above of staff shortages and the temporary closure of the waiting list.

Number of patients	Aged	1,352	(1,427)
	Others	5	(24)
		1,357	(1,451)
Number of treatments	Clinical	4,449	(3,610)
	Domiciliary...	1,620	(3,484)
		6,069	(7,094)

YELLOW FEVER VACCINATION

The Vaccination Centre has been open on Wednesday and Thursday afternoons at 4.30 p.m.

1,406 persons were given Yellow Fever Vaccination in 1967, 226 more than in 1966.

I am indebted to the Director of Welfare Services for the following information on blindness, epilepsy and spastics:

INCIDENCE OF BLINDNESS

Follow-up of Registered Blind and Partially-sighted persons—1967

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends:				
(*a*) No treatment	6	—	—	18
(*b*) Treatment (medical, surgical or optical) ...	14	4	—	25
(ii) Number of cases at (i) (*b*) above which on follow-up action have received treatment	4	2	—	17

In the above table the figures given relate to the primary ocular disease given on form B.D.8, but in

(i) (a) Complications and sequelae are given in 18 cases, of which 6 are cataract and 12 others.

(b) Complications and sequelae are given in 29 cases of which 8 are cataract and 21 others.

Of the 43 cases in (i) (b) 40 were already patients at an eye hospital and of these 30 remain so. Four have died, surgery is possible for three later and three have transferred out to other areas.

Of the remaining three, one died after registration, one transferred out and one is prevented from having treatment by general poor health.

The number of Forms B.D.8 received in respect of persons newly certified as blind or partially-sighted was 67.

Ophthalmia Neonatorum

(i) Total number of cases notified during the year	4
(ii) Number of cases in which:	
(*a*) Vision lost	—
(*b*) Vision impaired	—
(*c*) Treatment continuing at end of year ...	—

EPILEPTICS AND SPASTICS

1. EPILEPSY

At the end of the year there were 23 epileptics on the Handicapped Persons' Register maintained by the Welfare Services Department.

Part III Accommodation

Three adult women remained at the Chalfont Colony, one woman having been transferred to permanent hospital accommodation during the year. One man was admitted to Chalfont Colony, but discharged himself within a few weeks. One woman was maintained by the department at the Meath Home, Godalming.

Employment

Four men remained in full-time employment. One woman was admitted to the Barclay Workshops at Brighton, and another woman was waiting for suitable arrangements for training there.

Educational

Two boys remained at the Lingfield Colony, maintained by the Brighton Education Department. A girl already there was recommended for an extra two years' special training, and this was arranged by the Welfare Services Department.

General

A holiday was arranged for one woman by the Welfare Services Department, and another woman continued to attend that Department's Craft Centre. (Note: This information is based only on those people included in the Register).

2. CEREBRAL PALSY

At the end of the year there were 24 persons on the Register.

Part III Accommodation

Six people remained in Part III accommodation maintained there by the Welfare Services Department.

Holidays

The Welfare Services Department assisted the local Spastics Society in arranging holidays for two spastics.

Employment

Two women and one man were in full-time employment.

Educational and Occupational

Three girls were attending the Education Department's Central Class fo Handicapped Children. One girl was at Chailey Heritage Hospital School an one boy remained at the Craigy Parc Residential School. Three mer one woman, two girls and a boy attended the Day Centre run by the loca Spastics Society. (Note: This information is based only on those perso included in the Register).

MENTAL HEALTH SERVICES 1967

Chief Mental Health Officer: Mr. L. Meadwell.

The expanding pattern of community care and recognition of changin attitudes towards the mentally disordered in recent years encouraged th Council to set up an *ad hoc* committee, which throughout the past year wa intensively occupied in reviewing the Mental Health Services in Brighton The Mental Health Review Committee's terms of reference were to investigat and report on the present and future needs of the County Borough.

The result of the Mental Health Review is now public knowledge and th way it has been received not only by the Council, but by the Ministry of Health other local authorities and interested agencies all over the country, is a glowing tribute to the constructive nature of the report and the expertise of the Com mittee, under the guidance of Alderman A. W. Briggs whose personal contribu tion and objective control of the subject matter under discussion enabled th official report to be completed.

It is, of course, far too early to report on changes in the Mental Healt Service brought about by the Review. However, it is comforting for thos engaged actively in the administration of this very complex service to know that periodic review and associated change is not only necessary, but possible

In line with this very encouraging review of the Service the work of the Mental Health Section has continued and the results of the new and enlightene approach to community mental health problems is reflected in the figure illustrated in Table I.

Whereas 687 persons were referred to the Mental Health Section for help in 1966, there was an increase of approximately 70% in 1967, the number o referrals for that year being 1,110.

MENTAL ILLNESS

It is of significant interest to note that despite the large increase in the number of persons referred for the assistance of the mental welfare officer there was an overall reduction in the number of persons who required admission to hospital.

Of particular note is the marked decrease in the number of persons admitted to hospital under compulsory powers of the Mental Health Act and the dramatic reduction from 129 admissions in 1966 to 50 admissions in 1967 under emergency powers of the Mental Health Act. This indicates quite clearly the progress made by your fieldworkers and the constructive casework approach that is now adopted by these officers. In this respect I would like to pay tribute

to the individual efforts of mental welfare officers, family doctors, psychiatrists, hospital nursing staff and social workers who together have harmoniously contributed to the present encouraging picture.

Needless to say the efforts of your officers and those of the hospital service, by virtue of their own expertise and enlightened approach, contribute to the ever increasing complexity and demand on community services. In 1966 approximately 235 of the persons referred to the Mental Health Section received supportive help in the community from the mental welfare officer, whereas in 1967 this figure was increased to 505.

It is at all times necessary for your officers to be aware of the need for continual review of their ever increasing caseloads, in order that case work priorities and individual needs of clients are met. The members will be aware that this substantial increase in numbers of referrals for supportive community help from the mental welfare officer places unrealistic pressures on the service provided and it is essential that this situation be kept under review if we are to maintain effective community care.

In addition, it is well to bear in mind the associated increase in pressures on allied services such as health visitors, district nurses, home helps etc., to say nothing of other agencies such as probation, children's and welfare departments etc., who may become equally involved and whose periodic reports, in keeping with this one, highlight the effect of the Hospital Plan for England and Wales and the realistic approach necessary if the present programme of care in the community as outlined in the Health and Welfare Services 10-year Plan is to be maintained.

Hostels

Residential accommodation for those persons recovering from a mental illness remains restricted to the 8-bedded hostel at 79 Stanford Avenue (Table II), and because of order of priority the revised capital building programme does not permit further consideration of development of residential accommodation for the mentally ill before 1970-71.

Nevertheless, there are many Brighton residents in hospital today who in some cases have been there for a number of years, only by reason of having nowhere to go, no relatives, no friends, or no-one willing to lend a hand. An increasing number of these people are being referred to the Mental Health Section for care and support in the community. The mental welfare officer and boarding-out officer do a magnificent job in attempting to find the right type of landlady and good home where such people can be cared for. It is usually necessary for these patients to receive financial supplementation to their Social Security Grant and Insurance Benefits. Needless to say, the demand is far greater than the supply and there is a growing waiting list of persons requiring help in this way who, for the present time, have to remain in hospital occupying beds which are needed for more acutely ill persons.

Day Centres

The Craft and Social Centre at 18 Preston Park Avenue, continues to act as a safe harbour to persons in the community who are recovering from a mental illness (Table II). Daily attendance for many of these people acts as a spur to recovery, giving them confidence, and opportunity to re-socialize themselves in an environment of understanding support and help. Requests for membership continue to increase and the encouraging results to date highlight the further need for sheltered employment for many such persons where work of

an industrial nature under sheltered conditions may be undertaken by tho who are unable to compete in open industry.

During the year members of the Craft and Social Centre were pleased to h visited by the Mayor and Mayoress, Alderman and Mrs. R. Bates, and tw sales of their work were well attended by members of the public. In additio outings were arranged to Kew Gardens, Hampton Court and the Victor Palace to see The Black and White Minstrel Show. Every Monday evening a Art group made up from members of the Centre meets, and on Tuesday evenin a general social gathering permits all members to relax and enjoy a number o social activities ranging from modern and old time dancing to Bingo.

The physical structure of the Craft and Social Centre lends itself to a wid range of services for the mentally disordered and throughout the year constan attention has been given to this matter so that the building and its provisio may be used to the full. (Further comment is made in another part of th report).

Community provision for the elderly mentally infirm remains restricted t fieldwork support, day attendance for a limited number at Brighton Genera Hospital, and the occasional placement in nursing home care, or other suitabl private accommodation, frequently involving local authority expense.

It is anticipated that a day centre for elderly mentally infirm persons wi be established in the near future and it is hoped that the services offered wi blend harmoniously with the proposed day hospital for psycho-geriatri patients at Bevendean Hospital. In this way more effective clinical treatmen and community care for elderly persons is envisaged. There is, however, grea need for specialized residential accommodation for these more unfortunat of our older citizens whose only frustrating difficulties are that their menta faculties have failed to keep abreast with physical competence. They fin themselves frequently caught in the difficulties of apparently disinterested yet well meaning, hospital and local authority agencies, whose particula service fails to cater for their immediate needs.

This is of particular interest when we refer to Table II, where it can be see that the hostel for mentally subnormal children shows an admission over th Christmas period of a mentally ill person over the age of 16. This is a simpl example of the difficulties illustrated above, whereby a family doctor requirin urgent accommodation and care for an elderly person became caught in th crossfire with Welfare Services Department and the hospital geriatric an psychiatric services, each claiming that it was not its problem. The only wa to resolve this acute difficulty, afford some relief to the family, and help th general practitioner discharge his duties to the satisfaction of both patient an family, was to admit the elderly person to residential care so that a full assess ment could be made of her disability. The only accommodation available wa at the hostel for mentally handicapped children.

MENTAL NURSING HOMES

There are at present three private mental nursing homes registered with thi Local Health Authority, each being open to periodic inspection by your officers In addition, there are 15 homes for the mentally disordered registered i accordance with Section 37 of the National Assistance Act, 1948 and Sectio 19 of the Mental Health Act, 1959. Locally these homes deal mainly wit mentally subnormal persons placed under the care of the Brighton and Ho Guardianship Society and in collaboration with officers of the Welfare Service Department, your officers make periodic visits of inspection.

MENTAL SUBNORMALITY

Hostels

Services for the severely subnormal and subnormal have continued to expand in a very positive way during the past year. In January, our first residential home for mentally handicapped children was opened at 83 Beaconsfield Villas. This home accommodating up to 13 children offers short or long stay residential care, thus affording relief for at least a short period during the year to parents and families. The need for accommodation of this type is easily demonstrated. During the year no less than 34 admissions were arranged, and there has emerged a growing number of children in need of permanent or semi-permanent care of this nature.

Previously, admissions to hospital possibly 50-60 miles away from home was the only solution. The forward looking programme of hospital care now excludes most if not all such applications and understandably so many parents are not able or willing to permit handicapped members of their families to be accommodated so far from home where visiting becomes almost impossible because of distance, expense and poor travel facilities.

It is encouraging to note that residential accommodation for the mentally subnormal adult is receiving the serious consideration of the Council. Such a need is clearly demonstrated and must be provided at an early date if the effectiveness of the Junior Home is to be continued.

TRAINING CENTRES

Downs View Training Centre

The service offered at this establishment is geared to the academic and social development of the mentally handicapped and offers extensive education facilities.

A semblance of school life is slowly beginning to appear in the Junior Wing of the Centre and Miss Hollis, Deputy Organizer of Downs View, is expected in the new year to assume responsibility as Head Teacher of the Junior Wing. This will enable her to develop the most up-to-date teaching programme and permit control of appropriate teaching staff.

General administration of Downs View will remain in the hands of Mr. Atkinson who with the assistance of Mr. Cook, Supervisor, will be responsible for the training programme of the Adult Wing. Mr. Atkinson is also responsible for the intensive social training programme for all subnormal adults.

The social training programme over the past year has come to be recognized as the most essential part of training for adult life. It is of necessity time consuming, exacting work, requiring much patience and tact on the part of your staff, not only in dealing with the mentally handicapped, but the general public with whom it is essential the subnormal must be allowed to mix if any degree of social competence and independence is to be achieved.

Building extensions recently completed at Downs View have permitted the introduction of two new classrooms and this has enabled your staff to introduce special care facilities for those mentally handicapped children who also suffer from severe physical disability or acute behaviour problems.

An assessment panel made up from members of your senior teaching staff, medical staff, educational psychologist, health visitor and mental health social worker now meets at regular three-monthly intervals when children attending the Centre are reported on and any necessary action taken.

It is pleasing to note the continuing interest and voluntary help given parents, relatives and friends of those children and adults attending Dow View and the enthusiastic way in which they have co-operated with yo officers in forming a Parent/Teachers' Association. In this way members the Association are able to make closer contact with teaching staff at the Cent and be made more fully aware of the progress of their children. At the sar time they are able to make a positive contribution to the training programr of their children and in this way the needs of the mentally subnormal, both home and in the community, are best catered for.

In November, an open air swimming pool was completed at the Centr This is now fully operational and was made possible with the kind assistan of Mr. R. Turner (who presented the pool to the Centre), and monies rais from voluntary sources.

Needless to say, the annual arrangements for a number of subnormal childr and adults to enjoy a holiday on the Isle of Wight was appreciated by all tho who participated and I would like to acknowledge the hard work shown b your officers in making the necessary arrangements for the holiday and t strenuous efforts they made in caring for these children whilst away from hom

New England House Industrial Training Centre has now completed its fir full year in operation and the Committee should feel well pleased with the succe their foresight and careful planning has achieved. Whilst not yet operating full capacity the success of this venture can be measured by the volume contract work achieved and the development of independence which is obvious amongst those adults who have been able to take advantage of t training facilities offered. Whilst it is the ultimate goal to introduce as mar adult subnormals as possible into competitive industry, it is recognized tha from a realistic point of view the numbers must be small, nevertheless in t first year four mentally handicapped adults have found themselves in well pa work in the community because of the benefit they have derived from the trai ing facilities at New England House, and the extensive social training pr gramme which commenced at Downs View and continued until they we found work in the community.

One of the most encouraging developments at New England House has bee due to the liaison between officers of the Mental Health Section and those the Educational Service. This has brought about the introduction to t factory atmosphere of New England House selected educationally subnorma school leavers who would otherwise have been exposed at too early a stage t the stresses and other demanding complexities which prevail in open emplo ment. Recognizing the physical and emotional difficulties of any adolesce during the transitional period between school and work-day life, the Ne England House facilities are proving to be of immense value to those adole cents who have the added difficulty of mental retardation.

Social Activities

Earlier this year provision was established at the Craft and Social Centre a 18 Preston Park Avenue for evening social activities for adult subnormal This adult social club, under the control and supervision of your senior officer provides activities which are greatly clamoured for by those adult subnorma who attend your training centres. Counselling facilities where parents an friends can come along on any Thursday evening in the knowledge that the can be seen by and receive attention from your mental health social worker who are always present at these weekly meetings, are also provided.

FIELD WORK SERVICE

It has been necessary to de-centralize the field work services during the past ear. Mental welfare officers have now been placed in teams each headed by senior mental welfare officer. For the time being, one team is sited centrally t the Herbert Hone Clinic, and the other at Hazel Cottage, Woodingdean.)e-centralization has enabled facilities offered to the public to be more speedily nd easily obtained without time consuming journeys into the town etc., /hilst officers involved are sited much closer to the problems with which it is ecessary for them to deal.

The increasing number of persons being remanded by Brighton Magistrates or medical and psychiatric reports demonstrated the need for a mental welfare fficer to take on full-time attendance at the Brighton Courts in order to assist he magistrates and give support to the probation officers. It is encouraging o note that, whereas this has brought about a large increase in the number f persons referred to the Mental Health Section from the Court, there is an lmost 50% reduction in the number of persons admitted compulsorily to sychiatric hospital by order of the Court.

For some time now this local health authority, at the invitation of the Regional Hospital Board, has been liaising with the managers of the St. Francis nd Lady Chichester Hospitals, with a view to the setting up of a Drug Pre-cribing Centre for those persons addicted to heroin and cocaine. This is in nticipation of proposed legislative changes and on advice from the Minister f Health. Needless to say, the setting up of such a Centre in Brighton would f necessity place increased pressure on your existing Mental Health Service nd is a situation which will need to be watched.

I would like to pay tribute to the administrative and secretarial staff, ogether with members of the ancillary services, without whose help the profes-ional work of the Department would of necessity grind to a halt.

In concluding this report, I would like to draw your attention to the marked ncrease in the number of visitors to mental health establishments, of repre-entatives from organizations in various parts of the country and indeed verseas. Many such visits have, no doubt, come about due to interest in the ocal Mental Health Review and the way in which Brighton Mental Health ervices were publicized earlier in the year when the Federation of Mental Health Workers held their Annual Conference at the Grand Hotel in Brighton. It goes without saying that the hospitality shown by the Town to delegates ttending the Conference and the sincere way in which His Worship the Mayor, Alderman Mrs. Watson-Miller, opened the Conference, was warmly appreciated nd placed on record by all who attended.

In similar vein, another Mental Health Week from the 4th-10th June stimu-ated public interest and the usual tours of inspection, open days and film hows were supported by nightly symposiums at the Royal Pavilion Conference Rooms each evening throughout the week. The theme for Mental Health Week was "Work To Be Done" and a wide range of well-informed and talented peakers, representing various aspects on this subject, made a valuable contri-bution to the success of the programme.

TABLE I

	Mentally Ill						Subnormal						Severely Subnormal						Psychopathic						TOTALS
	Male			Female			Male			Female			Male			Female			Male			Female			
	A	B	C	A	D	E	A	B	C	A	D	E	A	B	C	A	D	E	A	B	C	A	D	E	
Number of persons referred 1.1.67—31.12.67																									
Source of reference:																									
(a) General Practitioners	1	33	29		83	26					5									1					178
(b) Hospitals for casework help ...	1	90	20		126	63		8			4														312
(c) Hospitals for other purposes ...		62			90	27		10			5														194
(d) Local Education Authorities ...		1			1			8			4						1								15
(e) Police or Courts...	3	47			14	11		2		2															79
(f) Other Sources		101	10	1	93	88	2	19		5	6		3	3						1					332
TOTALS...	5	334	59	1	407	215	2	47		7	24		3	3			1			2					1110
Dealt with as under:																									
Hospital admission—Informal ...	1	53	7		50	17					1														129
Section 25		19	6		27	10					1														63
Section 26		2			6	1																			9
Section 29	1	10	1		25	9		1			3														50
Section 60/65		3				1		2																	6
To O.P.						2																			2
To Community Care...		128	20	1	190	109		30		1	19		3	3			1								505
To other Agencies	3	82	14		72	40	2	12		5										1					231
No action		37	11		37	26		2		1										1					115
TOTALS...	5	334	59	1	407	215	2	47		7	24		3	3			1			2					1110
Total number of persons under community care as at 31.12.67 ...		76	22		119	103	34	70		38	91		28	23		18	31								653

A=Under 16
B=Aged 16 and Under 65
C=Over 65
D=Aged 16 and Under 60
E=Over 60

TABLE II—HOSTELS AND DAY CENTRES

Designation	Classification	Address	Total as at 1.1.67	ADMISSIONS																Total
				Mentally Ill				Subnormal				Severely Subnormal				Psychopathic				
				Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
H.	M.I.	79 Stanford Avenue ...	7			3	9													12
H.	M.S.	83 Beaconsfield Villas ...					1	19	11			1	2							34
D.C.	M.I.	18 Preston Park Avenue...	108			15	8													23

Designation	Classification	Address	Total as at 1.1.67	DISCHARGES																Total	Total as at 31.12.67
				Mentally Ill				Subnormal				Severely Subnormal				Psychopathic					
				Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over			
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
H.	M.I.	79 Stanford Avenue ...	7			3	16													19	Nil
H.	M.S.	83 Beaconsfield Villas ...					1	15	7				2							25	9
D.C.	M.I.	18 Preston Park Avenue...	108																		131

H.=Hostel
D.C.=Day Centre

M.I.=Mental Illness
M.S.=Mental Subnormality

TABLE III—TRAINING CENTRES

Designation	Classification	Address	Total as at 1.1.67	ADMISSIONS																Total
				Mentally Ill				Subnormal				Severely Subnormal				Psychopathic				
				Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
T.C.	M.S.	Downs View	107					3*	3*	5	3									14
I.T.C.	M.S. M.I.	New England House ...	26			7				12	13									32

Designation	Classification	Address	Total as at 1.1.67	DISCHARGES																Total	Total as at 31.12.67
				Mentally Ill				Subnormal				Severely Subnormal				Psychopathic					
				Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over			
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
T.C.	M.S.	Downs View	107					5	3	6	8									22	99
I.T.C.	M.S. M.I.	New England House ...	26			3				5	3									11	47

T.C. = Training Centre
I.T.C. = Industrial Training Centre
M.S. = Mental Subnormality
M.I. = Mental Illness

*These numbers do not include those children under the age of five admitted to the Nursery Unit for purposes of assessment.

TABLE IV

Mentally Disordered persons receiving financial supplementation in the community

	As at 1.1.67	ADMISSIONS												DISCHARGES												As at 31.12.67
		Mentally Ill						Subnormal						Mentally Ill						Subnormal						
		Male			Female			Male			Female			Male			Female			Male			Female			
		A	B	C	A	D	E	A	B	C	A	D	E	A	B	C	A	D	E	A	B	C	A	D	E	
Private Households	9					4	5											4	4							10
Registered Homes/Hostels ...	14						2					1						1	1	1	1			1		12
Registered Nursing Homes ...	1																		1							–
Other L.A. Hostels	–								2												1					1

A = Under 16
B = Aged 16 and Under 65
C = Over 65

D = Aged 16 and Under 60
E = Over 60

Photographs following this page

New ventures in 1967

HOSTEL FOR MENTALLY DISORDERED CHILDREN

(i) General view

(ii) Bedroom

(iii) Entrance hall

DOWNS VIEW TRAINING CENTRE

(i) New extensions (end section)—general view

(ii) New extensions (end section)

(iii) New extensions—classroom

(iv) Purley swimming pool

NEW MOBILE CLINIC on display at Royal Society of Heal
Congress, Eastbourne, April 1967

(i) Exterior

(ii) Interior

ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIEN
EXHIBITION, Corn Exchange, Brighton, October 1967
(i) and (ii) Health Department Stand





D

Wednesday
Thursday
Friday
Saturday
Sunday
Wednesday
sunny
October

AUSTIN FGK 80 CHASSIS
QUALITY COACHWORK
BY
WADHAMS


PUBLIC HEALTH DEPT.
BRIGHTON CORPORATION
tragic
Christmas!
DOWNSVIEW TRAINING CENTRE
NEW ENGLAND TRAINING CENTRE


PUBLIC HEALTH DEPT.
BRIGHTON CORPORATION
BROKEN GLASS CAN CRIPPLE
Happy Christmas!
PUT IT HERE
HEALTH EDUCATION
DOWNS VIE

BRIGHTON PUBLIC MORTUARY

The day-to-day administration is carried out by Mr. H. G. Garrett, the Superintendent of the Cemeteries and Crematorium.

There were 380 admissions to the Municipal Mortuary and 335 post-mortem examinations were carried out. In the month of December there were 71 admissions and 54 post-mortem examinations; these figures are approximately double the normal monthly average.

CREMATIONS AT MUNICIPAL CREMATORIUM

2,034 cremations were carried out at the Municipal Crematorium at Woodvale, Lewes Road, during the year, compared with 2,085 in 1966.

JOINT ADVISORY COUNCIL FOR OCCUPATIONAL HEALTH

During 1967 six ordinary meetings, seven sub-committees and two public meetings were held. The Annual Conference at B.M.A. House was attended by three delegates.

The topic for the year which was studied by all Councils was "Industrial Accidents, their Cost, Cause and Prevention". A One-Day Conference on the subject was held at the Royal Pavilion in March. An address in two parts was given by Mr. H. Prior, Safety Officer of I.C.I. Ltd., and a member of the Slough Industrial Accident Prevention Group which is linked with the Royal Society for the Prevention of Accidents. He is also their representative at national level on the Advisory Council for all such groups. Questions and Discussion took place after each session and two films were shown. The Conference was well attended.

The Annual Conference at B.M.A. House in May took the form of a debate on the following aphorism of Sir Thomas Legge, the first Medical Inspector of Factories:—"Unless and until the employer has done everything—and everything means a good deal—the workman can do next to nothing to protect himself, although he is naturally willing enough to do his share". Reference was made to the improved conditions brought about by modernization of the larger organizations, the regulations of the Factories Acts and the influence of Trade Unions, since these words were written in the earlier part of this century. Emphasis was given to the personal responsibility of the individual. The Motion was lost. The discussion was of value because it highlighted the whole purpose of Advisory Council work.

In the Autumn preparations were commenced for study for the next Annual Conference on "The Scope and Functions of an Occupational Health Service" and an evening meeting at the South Eastern Electricity Board's premises, Hove, was addressed by Dr. J. G. Graham, Principal Medical Officer of H. J. Heinz & Co. Ltd., followed by general discussion.

Members gave lectures on various aspects of the work of this Council to other organizations and one member on behalf of this Council attended a whole day Seminar on "Laboratory Safety" at the University of Sussex.

There is continued interest by the Council in its collaboration with the Brighton Corporation in connection with the implementation of the Mental Health Act 1959.

The Joint Honorary Secretary, Mrs. Bennett, continued to give valuable service in her honorary capacity.

WATER

I am obliged to Mr. J. R. Fairbank, A.M.I.C.E., M.I.W.E., F.G.S., M.B.I.M., Engineer and Manager, for the following details of the Brighton Waterworks Undertaking.

1. The water supply of the area has been satisfactory in quantity and quality.

2. Bacteriological examinations of raw waters were made at weekly intervals in the Department's laboratory except in certain instances where bacteriological pollution was present in any raw water when samples were examined daily. The treated waters at all stations have been examined on a daily basis. The total number of raw and treated water samples from each of the pumping stations together with a summary of the bacteriological results obtained is given below:

	Number of Samples Examined	No. showing presence of Coliform Organisms in 100 ml. or less	No. showing presence of Faecal Coli in 100 ml. or less	No. showing Coliform Organisms absent from 100 ml.
Raw waters ...	550	129	106	421
Treated waters ...	3158	2	—	3156
	3708	131	106	3577

Colony counts at 22°C. after three days and 37°C. after one day's incubation on nutrient agar were, except in the three instances which will be outlined, generally low in number. Two samples of treated waters out of a total of 3,158 examined showed the presence of coliform organisms in low numbers. These samples were obtained from Shoreham and Southover Pumping Stations where, due to the mode of treatment, it is not possible to examine bacteriologically the raw waters.

Daily samples of raw and treated waters were taken at Mile Oak between 1st January and 31st March as a result of pollution arising from the leaking sewer in the Mile Oak Road mentioned in last year's report. The repair works carried out on this sewer during the latter part of 1966 and the first two months of 1967 would appear to have been effective in preventing any further pollution of this water. Sampling of raw and treated waters had also to be put on a daily basis at Goldstone Pumping Station from the 16th February to the 31st March 1967 owing to blockage of a sewer at the site of erection of a large block of offices at the corner of Goldstone Park. This blockage caused sewer liquids to flow on to chalk which had been necessarily exposed during building operations and the prompt action on the part of the Borough Surveyor's Department of Hove Corporation in first finding the offending sewer and then removing the blockage satisfactorily kept the period of pollution to the minimum. At Lewes Road Pumping Station a similar sampling procedure had to be operated between 16th May and 4th August 1967 due to a drain which was found to be blocked at the abattoir in Hollingdean Road. Once again the co-operation, this time of Brighton Borough Surveyor's Department was instrumental in bringing to an end the overflow of polluting material into the chalk. Abbreviated chemical examinations were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination has been made on five samples of each of the Department's sources. Copies of the reports on these examinations made on all raw waters in November 1967 are as follows:

Chemical analysis (expressed in mgm per litre)

	Date taken	pH	Alkalinity ($CaCO_3$)	Chlorides (CL)	Ammoniacal Nitrogen (N)	Albuminoid Nitrogen (N)	Oxidised Nitrogen (N)	Oxygen Absorbed (3 hrs. at 27°C)	Temp. Hardness ($CaCO_3$)	Perm. Hardness ($CaCO_3$)	Total Hardness ($CaCO_3$)	Fluoride (F)
Patcham... ...	15-11-67	7.35	175	23.7	Nil	0.042	4.45	0.18	175	25	200	<0.1
Mile Oak... ...	7-11-67	7.4	177	26.6	Nil	0.040	5.9	0.16	177	51	228	<0.1
Goldstone ...	23-11-67	7.25	206	34.6	Nil	0.030	7.55	0.12	206	48	254	<0.1
Lewes Road ...	7-11-67	7.3	173	56.6	Nil	0.034	7.15	0.16	173	63	236	<0.1
Balsdean... ...	7-11-67	7.4	187	52.6	Nil	0.022	7.0	0.10	187	49	236	<0.1
Falmer	14-11-67	7.45	205	32	Nil	0.044	6.55	0.20	205	49	254	<0.1
Aldrington ...	23-11-67	7.15	220	39.4	Nil	0.030	6.85	0.14	220	66	286	<0.1
Sompting ...	15-11-67	7.4	186	25.5	Nil	0.030	4.30	0.14	186	32	218	<0.1

Bacteriological examinations together with chloramine determinations have also been made on 873 samples of water from service reservoirs. Of this total five samples showed the presence of coliform organisms. Three of these were taken from Telscombe Reservoir and as a result this reservoir was taken out of service on the 11th August 1967. This reservoir is still out of service at the time of writing this report.

The two remaining samples were those obtained from Mile Oak Reservoir on the 22nd August and High Park Reservoir on the 11th October.

A total number of 10,067 samples were examined in the Department's laboratory during the year. Of these, 3,347 samples were submitted from the Worthing Water Department.

3. Since all water is obtained from the chalk, there is little likelihood of any plumbo solvent action and no evidence of such action is apparent. As a result of an enquiry made by the Ministry of Housing and Local Government into the possibility of the waters supplied in this area being plumbo solvent, six samples were taken from widely varying points in the area of supply. Each of these waters had stood in contact with lead service pipes overnight and lead determinations were made on each of them. The results showed that lead was absent from these waters in each case.

4. Chlorination with post ammoniation of all raw waters is practised continuously with the exception of the pumping stations at Patcham, Mile Oak, Sompting, and Lewes Road, where super and dechlorination is utilized before the addition of ammonia to form chloramine in the final treated water.

In the event of any raw water showing evidence of bacterial pollution, sampling is increased to daily intervals and a survey of the catchment area is made in an effort to locate the cause of such pollution. In addition, if it is considered necessary, appropriate adjustment is made of those gas dosages used in the sterilization process.

The number of the population supplied from public water mains direct to the houses is as follows:

	Estimated Population 1967	*Houses Supplied Direct*
Brighton C.B.	162,160	54,548
Hove M.B.	72,140	26,104
Lewes M.B.	14,080	5,143
Portslade-by-Sea U.D.	18,360	5,928
Southwick U.D.	11,800	4,114
Shoreham-by-Sea U.D.	18,330	6,027
Lancing Parish, Worthing U.D. ...	14,980	5,919
Pyecombe Parish, Cuckfield R.D. ...	280	57
Parishes in Chailey R.D.	6,010	2,057
	318,140	109,897

There are no standpipe supplies.

SEWERAGE AND SEWAGE DISPOSAL

The town is on main drainage with disposal to a sea outfall on the coast outside the borough boundary.

The services provided and the method of disposal are adequate and are not a risk to health.

SANITARY CIRCUMSTANCES OF BRIGHTON

Chief Public Health Inspector: Mr. R. S. Cross.

The present annual report on the sanitary circumstances of the Borough is the 23rd I have prepared as Chief Public Health Inspector and the last one I shall make before my retirement after 40 years' service in the Brighton Health Department.

The changes witnessed during the past 40 years are many and varied but, in my opinion, the outstanding change has been the evolution from Poor Law Relief to Welfare State. All other improvements in health, education and standards of living are concomitant with this social change.

The shadow of the workhouse has been removed from the aged and employment of young children discontinued. One hears a lot about the "good old days" but they may have been satisfactory for a minority of the population but not for the majority of people.

The social system of the 1920's was out-moded and it took a general strike and hunger marches to stir the nation out of its apathy and demand basic human rights. Acceptance of national responsibility for the ills of those days made sociologists and Parliament implement the will of the people. Increased taxation to provide the necessary finances for improving the social and environmental atmosphere was gradually introduced and steady headway from that time has been maintained. Nowadays people are wondering whether the social services have gone too far resulting in less responsible attitudes in certain of the population.

It would appear that general improvement should be held for a time at its present level and resources channelled into those sectors of living that have lagged behind. Certain specialized improvements are necessary in the care of handicapped persons, mental as well as physical, and the setting up of more comprehensive care for the elderly.

It naturally follows that to bring about these improvements it has been necessary to legislate for all aspects of social progress. With the increase in legislation the local administrative body, the Council, have been delegated additional functions and the improvements obtained are due in no small measure to their willingness to serve the community and their knowledge of local conditions. The preservation of a balance of what is desirable and what is practical, within certain financial limits, reflects the greatest credit on their endeavours. The growth in the complexities of local government and the part played by members of local authorities in the acceptance of increased responsibilities and the implementation of policies required by new social structures has been most admirable. An illustration of the growth of the work and responsibilities during my term of service to the town can be gauged from the fact that the Council spent in 1928 the sum of £1½ millions. In 1966, the last year for which full figures are available, they were responsible for spending £13½ millions.

I am glad to be able to pay tribute to the members of the Brighton Council who have voluntarily given such able service to the inhabitants of the town and to thank them for the understanding, help and assistance they have given me to enable me to carry out my duties as Public Health Inspector.

No doubt the pattern of local government will undergo many changes in the next few years when the Royal Commission reports on local government in this country. Change there must be because the structure must be overhauled to bring it into line with the technological and computer age we are entering. Delegation of functions must be increased as local government is in danger of being swamped by details and paper work.

The services that local authorities are now asked to perform have increased with the amount of legislation that has been passed by Parliament to improve social and environmental conditions. Expansion of services requires additional staff and when I was first appointed in Brighton there were 5 district inspectors, 1 Abattoir and Sampling Officer, 2 Factories and Shops Inspectors, 1 visitor for tuberculosis patients and 1 infectious diseases officer, a total of 10 inspectors. Today the establishment figure is 23 Inspectors, 3 Shops Inspectors and 4 Technical Assistants. In addition, because of a national shortage of Inspectors we have to train our own student inspectors and 8 such posts are allowed for.

I have served under three Medical Officers in my 40 years in the Department, Dr. Duncan Forbes, Dr. R. Cramb and the present Medical Officer of Health, Dr. W. S. Parker, and there have been three Chief Public Health Inspectors in the 40 years, Mr. J. Norrish, Mr. A. H. Holt and myself.

My working life has been one of service to the community in the principles and ideals of preventive medicine and public health and has been rewarding in seeing the progress made in improvements in health and environmental sanitation. It is a demanding service, the effects of which can only be assessed over a long period of time. There are no demonstrable, immediate results obtained but in retrospect one can see the true value of one's efforts.

Naturally one has to have team effort and the present staff of the Department are most capable, efficient and enthusiastic members of the team. Many of the inspectors who have passed through this Department now occupy senior positions in all parts of the country. They, and the hundreds of students who have received their training here, are a tribute to the work which has been performed.

Whilst I have been the leader of the team for the past 22 years the actual work has been accomplished by the public health inspectors, under my direction, and I must pay tribute to them for their efforts. I have been particularly fortunate in having a very capable deputy Mr. H. G. Gibson who has throughout a period of 20 years given co-operative and loyal service of a high order and to Mr. G. V. Martin, Senior Housing Inspector for taking over the administration of all the housing work of the section. He has relieved me of a great deal of the detailed work and has demonstrated his undoubted ability as a housing specialist and able administrator.

I should like to conclude this introduction to the report by congratulating Mr. H. G. Gibson on his appointment to succeed me as Chief Public Health Inspector, a promotion which has been well and truly earned and I am sure will be of the greatest benefit to the continuing prosperity of the town and the health of its inhabitants and visitors.

My thanks are also due to Dr. W. S. Parker for the help and assistance he has given me over the past 17 years.

HOUSING

Mr. G. V. MARTIN, Senior Housing Inspector, reports:

Demolition in Clearance Areas

48 unfit houses were demolished. 261 people in 94 families were re-housed from clearance areas.

The revised statement of unfit houses requiring demolition submitted to the Minister in 1964 showed that 867 unfit houses remained. Since the statement was made 287 houses have been demolished or closed in lieu of demolition so that at the end of the year 580 unfit houses remained, and of these 320 have already been represented or certified as unfit.

No clearance areas were represented during 1967, but the following developments took place with regard to areas previously represented:

Mount Zion Place Area

The Brighton Corporation (Mount Zion Place) C.P.O. 1965, referred to 37 properties, of which 27 had been represented as unfit for human habitation. The Order was confirmed with one modification by the Minister of Housing and Local Government on 7th February; one property was altered from "pink" to "grey".

Sloane Street and Eastern Road Areas

These areas comprising 85 buildings were represented as four clearance areas in 1962, and all but eight of the buildings were subsequently included in the Brighton Corporation (Somerset Street - Warwick Street - Sloane Street Comprehensive Development Area), C.P.O. No. 1, 1964, comprising 119 properties, 25 of which were included in a Declaration of Unfitness Order as not capable at reasonable expense of being rendered fit. A public Local Inquiry was held in November 1965, and the Orders were confirmed by the Minister on 16th February 1967.

Lewes Street and Newhaven Street

The Lewes Street Compulsory Purchase Order for which a public local inquiry had been held in 1966, was confirmed with modifications by the Minister of Housing and Local Government on 24th February. The modifications referred to five properties, which were altered from "pink" to "grey". 56 houses had been included in the clearance areas of which 53 had been represented as unfit for human habitation.

North Road and Middle Road, Preston

A Clearance Order dated 12th May was made by the Council for these 15 houses, and was confirmed by the Minister without modification on 18th July.

London Street, Kensington Street, Francis Street and Redcross Street

The 193 properties represented in clearance areas in 1966 were subsequently included in Compulsory Purchase Orders made by the Council, and a public local inquiry was held by an Inspector from the Ministry of Housing and Local Government on 8th and 9th November.

Closing Orders and Demolition Orders

58 individual unfit houses and 26 parts of buildings were represented during the year, making a total of 84 representations; 19 of these referred to basement flats. Two demolition orders were made, and 32 houses and 31 parts of buildings were made the subject of closing orders. One Undertaking not to use premises for human habitation was accepted, and in three cases offers of work to render premises fit for human habitation were accepted.

On 31st December there were 455 operative closing orders and undertakings applying to buildings in the Borough. 15 contraventions of closing orders were reported: 14 were dealt with informally and one prosecution was taken and the owners fined. In five cases where closing orders had been made application was made for the use of the buildings for purposes other than human habitation; approval was given for their use for storage purposes.

27 closing orders were determined, the buildings or parts of buildings to which they referred having been made fit for human habitation.

43 houses belonging to the Council that had been certified as unfit for human habitation in accordance with the Housing Subsidies Act, 1956, were demolished; this makes a total of 216 houses demolished since the Act came into force.

Repairs and Improvements

155 houses were made fit for human habitation as a result of formal notices under the Public Health and Housing Acts. 285 houses were made fit as a result of informal action.

There were 302 formal applications for Improvement Grants, of which 54 were for Standard Grants. 8 of the applications were rejected, principally on the grounds that the properties concerned would not provide housing accommodation for 15 years. In connection with Improvement Grant applications 285 final inspections were made to see that all defects had been remedied.

In addition to these inspections an annual re-inspection is made to ensure that the conditions of the grant are being complied with.

House-to-House Survey

During the year the house-to-house survey, begun in 1962 with the object of improving properties in the older parts of the town, was continued, but because of staff shortages, the number of new inspections falls short of what is desirable to maintain speedy progress with this area. Efforts have been concentrated on completing outstanding works.

Progress up to the end of the year has been as follows, the figures for 1966 being shown in brackets.

	Owner occupied		*Tenanted*		*Total*	
Number inspected	663	(63)	688	(61)	1351	(124)
Number with no defects	147	(34)	41	(10)	188	(44)
Number of preliminary letters sent ...	516	(29)	647	(51)	1163	(80)
Number of works completed ...	422	(72)	324	(80)	746	(152)
Number works in progress	33		49		82	
Number improvement grants applied for	271	(24)	153	(46)	424	(70)
Number of Notices under Section 9 Housing Act 1957 authorised ...	Nil	(Nil)	61	(7)	61	(7)

37 (18) houses in the survey area have been represented as unfit for human habitation and not capable at reasonable expense of being made so fit; the representations followed informal action taken to notify the owners of the defects and to give them an opportunity to carry out works.

No Improvement Areas under the Housing Act, 1964, have been declared. In view of the work involved in the house-to-house survey area, the existing arrangements for inspection are continuing unaltered for the time being.

Property Enquiries and House Acquisition

5,426 official Searches were answered by the clerk responsible for housing records. Property enquiries are frequently made other than by official Search and it was necessary for 489 inspections to be made during the year, of which 339 arose from Local Land Charge Searches. A further 492 inspections were made as a result of applications for Corporation loans for house acquisition or the Town Clerk requiring a report on the possibility of action under the Housing Acts being taken against the property during the loan period.

Houses in Multiple Occupation

During the year complaints received in respect of 18 houses in multiple occupation were investigated, and informal letters were sent to the owners notifying them of the defects and lack of facilities. One of these houses has been improved by conversion into self-contained flats with the aid of an improvement grant.

Ten houses involving 48 lettings, were represented as unfit for human habitation, and eight closing orders were made. Owing to serious dampness and structural defects representation was the only satisfactory method of dealing with these houses.

Negotiations are proceeding with the owners of three houses for the carrying out of works. In four cases action was taken under the Public Health Act to remedy urgent defects.

A further 17 properties were inspected at the request of the owners, and advice was given regarding conversion to flats or improvement to the standards required for houses in multiple occupation.

DISTRICT INSPECTORS

The District Public Health Inspectors served 796 notices under the Public Health Act 1936 during the year in respect of defects of repair in dwelling houses and 124 notices calling for the abatement of insanitary conditions such as verminous premises, accumulations of organic refuse, animals kept in unsatisfactory conditions, etc.

In dealing with these cases, 3,346 visits were made and 1,106 interviews took place with architects, builders, owners, solicitors, etc.

Common Lodging Houses

There are no premises in the Borough which are registered as Common Lodging Houses under Part IX of the Public Health Act 1936.

District Inspectors and Housing Inspectors, on normal routine duties, particularly where houses in multiple occupation are involved, are mindful of the definition laid down in Section 235.

One person made enquiries about setting up a Common Lodging House but after an inspection of the premises—which were unsatisfactory—had been made and the requirements with regard to additional sanitary accommodation, ventilation and means of escape in case of fire, had been explained to her, she did not proceed with the project.

FACTORIES ACT, 1961

Prescribed Particulars on the Administration of the Factories Act, 1961

Part I of the Act

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors):

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	392	106	8	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	482	114	4	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	61	49	5	—
Total	935	269	17	—

2. Cases in which defects were found:

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1)	6	6	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	2	2	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7) (a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	9	9	—	3	—
(c) Not separate for the sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	17	17	—	3	—

Part VIII of the Act

OUTWORK

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel: Making, etc. Cleaning and Washing	204	—	—	—	—	—
Curtains and furniture hangings	1	—	—	—	—	—
Carding, etc., of buttons etc.	5	—	—	—	—	—
Total	210	—	—	—	—	—

PET ANIMALS ACT, 1951

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

RIDING ESTABLISHMENTS ACT, 1964

At the end of the year 13 Pet Shops, 5 Animal Boarding Establishments and 1 Riding Stable were licensed under the above-mentioned Acts.

As in previous years, the Corporation's Veterinary Officer, Mr. J. S. J. Lauder, M.R.C.V.S., visited all the premises regularly to check on the living conditions and the state of health of all animals kept there.

The only legal proceedings necessary were those taken against the occupier of an unlicensed establishment used as riding stables. Summonses were issued in 1966 but the case was heard during the year under review. The offences were proved and a fine of £10 with costs was imposed. The defendant in the case has since left this area.

Once again I would like to express my thanks and that of my staff to Mr. Lauder. His help and advice are always not only extremely valuable, but most courteously and willingly given.

RODENT AND PEST CONTROL

The following tables set out the numbers of visits and treatments, for rat and mice infestations, carried out by the Department's Rodent Operators.

		Non Agricultural	Agricultural
(1)	Number of properties in district ...	67429	75
(2) (a)	Total number of properties inspected following notification	887	1
(b)	Number infested by (i) Rats ...	147	1
	(ii) Mice ...	321	—
(3) (a)	Total number of properties inspected for rats and/or mice for reasons other than notification (Routine Survey) ...	1313	—
(b)	Number infested by (i) Rats ...	109	—
	(ii) Mice ...	293	—

4 Block Control Schemes, entailing the inspection of all premises in a particular area, with their associated drainage and sewerage systems, were carried out. Treatments were made where any infestation was found.

Warfarin Resistance

In the centre of the town the routine treatment of mice infestations, using Warfarin, was found to be taking longer. In spite of quite good "takes" of the poison bait, the infestations continued almost unchanged. Enquiries showed that the occupiers of a fair number of dwellings and shop premises had been buying and using made up Warfarin bait, in a very praiseworthy attempt to deal with the mice themselves. It was possible that some mice, having eaten over fairly long periods, sub-lethal doses of poison, had developed a resistance to that particular chemical. Mice were trapped and handed over for examination to the Ministry of Agriculture and Fisheries Laboratories. Unfortunately all the mice were females and it was impossible to carry out any genetic studies to see whether a Warfarin resistant strain was being bred.

The rodent operators were instructed to use acute poisons (such as zinc phosphide) and alphachlorolose. The first of these involved considerable pre-baiting and re-visiting and slowed down the work, and it was found that alphachlorolose (a narcotic) gave rise to difficulties where the premises concerned were well heated. This chemical depends, for its lethal effect, on causing a rapid drop in body temperature. In warm surroundings results at first were not satisfactory. A re-formulation of the bait to increase its strength, remedied this trouble and final treatments were most effective.

These operations were carried out under the control of a Public Health Inspector and I would like to express our thanks to the officers of the Ministry of Agriculture, Fisheries and Food, at both Divisional and local levels, for their ready co-operation, invaluable advice and unstinted help at all times, with any pest control problems.

CLEANSING CENTRE

It is impossible to show the real value of the Cleansing Centre by setting out numbers of cases dealt with under various headings. The staff there provide facilities and give immediate *practical* help to people in situations where, quite literally, nobody else can or will. So a visit shown as "one disinfestation" or "one removal" may include entry into premises or the handling of materials which workmen in other fields have refused to deal with. "One bath" may

involve the careful but back-breaking lifting and handling of a 15-stone patien whose condition makes every movement painful. It should be remembered too, that by far the greater proportion of the "articles laundered" are in such a condition that they could not be sent to a commercial laundry.

It is only fair to the staff, who cope so willingly with such unpleasant duties to remember these comments when reading the cold figures set out below:

Laundry Service

Collections

(a)	Geriatric and Queen's Nurses	4,060	
(b)	Within department...	306	
			4,366

Articles Laundered

(a)	Geriatric and Queen's Nurses	35,313	
(b)	Within department...	3,350	
			38,663

Miscellaneous Collections

Home confinements	70	
Health department sections	157	
Pads and soiled dressings	3,330	
		3,557

Baths

	Male	*Female*	
Geriatric	48	3	
Scabies	61	31	
Ped. Corp.	56	3	
Ped. Put.	14	2	
			218

Disinfection and Disinfestation

Bedding, clothing, etc.	132
C.P.O. removals	4
Welfare Foods	700 hn

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Because of staff shortages it has not been possible to increase the number o inspections carried out during the year although there has been steady progres and a great deal accomplished.

Comparisons with other large towns, where 100% general inspections hav been obtained, are invidious, as some areas have completed their initial inspec tions but now have to cover the same ground for a second time, to serve notice and secure the necessary improvements. Improvements are being obtaine in Brighton as the inspection work proceeds which naturally slows down th rate of inspection.

In view of the fact that the question of minimum standards of lighting ar being considered I must state that there has been no difficulty in securing th standards advocated by the Illuminating Engineering Society of 30 lumen for clerical work and 45 lumens in drawing offices. During the year only fou persons questioned these requirements and after full explanation of the effect of bad lighting on the staff they agreed to install the recommended amoun of lighting. Some Insurance and Assurance Offices with branches in all part

of the country have adopted this standard of lighting in all their branches. One large company, operating supermarket stores has, after visiting the United States of America decided to provide 120 lumens in their sales areas and 60 lumens in offices.

An example of inadequate lighting in our own offices can be quoted in support of the suggestions in the preceding paragraphs. Female clerical assistants employed in an office with 30 lumens at the working surfaces were required to work on one afternoon of each week in another office where the lighting varied from 15 to 20 lumens. They complained of headaches after working in the adjoining room where the lighting was poor. After some weeks they attributed these headaches to the effects of the poor lighting and their complaint was supported. After increasing the amount of light in the temporary office no further complaints have been received.

In view of these facts it would be a retrograde step to fix, by Regulation, a lower minimum standard of lighting than recommended by the Illuminating Engineering Society. The fact must be faced that to many people, the proposed minimum standard will, to them, be the maximum standard they need provide.

Number of Inspectors appointed under Section 52 (1) or (5) of the Act	7
Number of other staff employed for most of their time on work in connection with the Act	2
Number of cancellations of registrations during the year	98
Number of premises registered during the year	205
Number of general inspections carried out	610
Total number of visits	2,163
Number of notices of defects served	327
Number of premises where defects were remedied	507
Number of notices outstanding 31/12/67	94

Notices were served in respect of the following defects:

Want of cleanliness in sanitary accommodation	15
Defective lighting in sanitary accommodation	18
Defective ventilation in sanitary accommodation	5
Defective or obsolete sanitary accommodation	35
Insufficient sanitary accommodation	2
Want of cleanliness in washing facilities	10
Defective lighting in washing facilities	9
Defective ventilation in washing facilities	1
Defective or obsolete washing facilities	54
Insufficient washing facilities	10
No drinking water provided	3
No accommodation provided for clothing	16
No provisions for drying of clothing	7
Insufficient means of heating provided	7
No heating provided	7
No thermometers provided	115
No guards provided to heating equipment	6
Insufficient means of lighting	34
No means of lighting	4
Excessive glare from lighting installation	19
Insufficient means of ventilation	15
No means of ventilation...	2
Insufficient seating provided in shops...	4
Unsuitable seating provided in offices...	2
Notices in respect of dangerous machinery	12
No first aid kits provided	56
Insufficient first aid kits provided	71
Cases of overcrowding investigated	3
Lack of cleanliness	14
Notices in respect of health and safety	6
Defects in floors and staircases...	43
No handrails provided to staircases	48
No abstract of Act provided	193
Total number of defects notified to Employers	846

Experience shows that one problem, common to all areas of the country, that of buildings in multiple occupation. The standards of cleanliness, lightin and upkeep of common staircases and passages, sanitary accommodation ar washing facilities is not at all satisfactory. Owners of such buildings do n attend to matters of repair, decoration or repair as often as may be necessa and are now endeavouring to pass their responsibilities to the various occupie by the terms contained in leases and letting agreements.

Lighting of passages and staircases is very poor, the condition of floor an staircase coverings and the provision of adequate handrails is unsatisfactor Insufficient attention is given to the type of floor coverings and stairca treads. Worn stairtreads, defective nosings and no light coloured nosing stri are common defects. Linoleum on steep staircases can be and is, dangero in wet weather and provides accident hazards that a little forethought coul eliminate. As I have advocated in previous years the lighting of commo staircases should receive special attention by the proper positioning of lightin points and making the lighting much more directional. High standards adequate illumination of stairtreads are dealt with by Inspectors in places public entertainment and the same standards should be applied to offic buildings in multiple occupation. In new buildings these matters can be dea with in the planning stage but the difficulties are mostly confined to old buildings which have been adapted to their present use. Of the notices serve in respect of sanitary accommodation and washing facilities many referred t multiple occupation premises.

Unguarded openings in floors were the subject of many notices. Trap door leading to basements, unsafe staircases and lack of handrails provided man hazards to the staff and in one shop the approach to the sanitary convenienc and washing facilities was through a trap door in the floor of the shop.

Many of these trap doors were installed in the 1920's with the sole object c increasing the selling space in the shop and without any thought for the welfar and convenience of the staff employed. Employers are more enlightened toda and in most cases we have been successful in having major alterations carrie out. Shop floors have been altered and adequate open staircases provided. I many instances this alteration has resulted in larger selling areas and part o the basement being converted into a staff rest room.

There is a general tendency, when notices are served under the Act fo additional work to be carried out for the benefit of the staff. In a number o premises, where the sanitary accommodation was in some way inadequate the occupiers have carried out reconstruction. Sanitary and washing facilitie have been re-designed and adjoining rooms converted into staff rooms wit the use of formica fitments, handbag shelves, wall mirrors with strip lightin over and lighting effects over wash hand basins. It would appear that pressur to provide tastefully furnished and decorated rest rooms is being applied b the staffs in many premises where these facilities do not exist and in a few year when most premises provide such facilities for their staff I suppose we shall the have this incorporated into the Act.

Accidents reported 1967

Work Place	Number reported	Total Number investigated	ACTION TAKEN			No action taken
			Prosecutions	Formal warning	Informal advice	
Offices	4	2	—	—	2	2
Retail Shops...	56	16	—	2	14	40
Wholesale shops and warehouses	10	3	—	—	3	7
Catering establishments open to Public, Canteens, etc.	7	4	—	—	4	3
Fuel Storage Depots ...	1	1	—	—	1	—
Totals	78	26	—	2	24	52

Analysis of accidents 1967

	Offices	Retail Shops	Wholesale shops and warehouses	Catering establishments open to Public, Canteens, etc.	Fuel storage Depots
Machinery	—	1	1	1	—
Transport	—	—	—	—	—
Falls of Persons	2	16	1	3	1
Stepping on or striking against object or person	1	8	—	1	—
Handling goods	—	16	5	2	—
Struck by falling object ...	—	3	2	—	—
Fire and explosion... ...	1	—	—	—	—
Electricity	—	1	—	—	—
Use of hand tools	—	10	1	—	—
Not otherwise specified ...	—	1	—	—	—

Registrations and General Inspections

Class of premises (1)	No. of premises registered during the year (2)	Total No. of registered premises at end of year (3)	No. of registered premises receiving a general inspection during the year (4)
Offices	42	1285	162
Retail shops ...	125	1573	342
Wholesale shops, warehouses	7	183	5
Catering establishments open to the public, canteens ...	31	252	101
Fuel storage depots	—	12	—
Totals	205	3305	610

Number of visits of all kinds by Inspectors to Registered Premises

2163

Analysis of Persons Employed in Registered Premises by Workplace

Class of workplace (1)	Number of persons employed (2)
Offices	11316
Retail shops	9195
Wholesale departments, warehouses	1734
Catering establishments open to the public	3150
Canteens	199
Fuel storage depots	47
Total	25641
Total males	11270
Total females	14371

Prosecutions

Prosecutions instituted of which the hearing was completed in the year

Section of Act or title of Regulations or Order (1)	No. of informations laid (2)	No. of informations leading to a conviction (3)
Section 49	1	1
Section 50	2	2

No. of persons or companies prosecuted 2

No. of complaints (or summary applications) made under section 22 ... ... —

No. of interim orders granted ... ... —

Staff

No. of inspectors appointed under section 52 (1) or (5) of the Act 7

No. of other staff employed for most of their time on work in connection with the Act 2

SHOPS ACTS, 1950/65

Further to my comments in the 1965 Annual Report on the Craythorne Committee Report on Sunday Trading, a Shops (Sunday Trading) Bill has now been introduced into the House of Lords and has had its first reading. I have been asked to advise the sub-committee of the Association of Municipal Corporations on this subject with particular reference to seaside resorts.

The main purpose of the Act is to allow the sale of food and drink and ingredients for the preparation of food and drink on Sundays. All shops which are mainly engaged in the sale of food would be allowed to open on each Sunday throughout the year, provided they register with the local authority. In addition to the exemptions under Schedule 1 of the Act, in places frequented as holiday resorts the Act would allow the local authority to make Orders prescribing all or any Sundays throughout the year on which shops would be allowed to remain open for the sale of:

(a) articles required for the purpose of bathing, sun-bathing or fishing;
(b) photographic requisites;
(c) toys, souvenirs and fancy goods;
(d) reproductions of works of art;
(e) any article at a shop occupied by a Registered Pharmacist during such hours as he is open for the sale of medicines, medical and surgical appliances;
(f) any article of food for human consumption and any ingredient for the preparation of such food.

It is noted that under the Act there is no closing hour fixed for the Closing of Shops on Sunday and neither is power given to the local authorities to prescribe the hours under which the shops would be allowed to trade, although the employment of shop assistants on Sunday is without restriction. Unless an attempt is made to govern the hours which shops may be open through

restriction on the hours of employment of shop assistants, I suggest that a local authority should be given the power to prescribe the hours of opening for shops.

As stated in my 1965 Annual Report an Order was made under Section 1 o the Act exempting shops in the central area of the town from the obligation to close on one day in each week at 1.0 p.m. 399 shops were affected. As a result of visits made to these shops it was found necessary to make a complete overhaul of the Shops Register because of the number of shops with new occupiers, different classes of business or additional trade. Therefore during this year 3,254 routine inspections were made by the Shops Inspectors which enabled the completion of a new Shops Register.

1,015 notices were served in respect of the display of notices required under the Shops Acts 1950/65. 883 were complied with by the end of the year.

It was found necessary to carry out duties on seven weekends to deal with complaints regarding Sunday trading hours. 104 premises were visited.

In addition 35 other complaints concerning retail trading were investigated. Section 7 of The Brighton Corporation Act 1966 came into operation on 1st March and 54 premises received late night visits to ascertain whether young persons were employed after the hours specified under the Shops Act, 1950. In three premises it was found that young persons were employed outside the prescribed hours and in these cases the occupiers altered the hours of employment to comply with the provisions of the Act.

Two applications were received to suspend the evening closing hours in respect of exhibitions and both were granted.

An order was made suspending the obligation to close shops on the early closing day for the month of December.

Number of routine inspections of shops	3,254
Number of visits and interviews to give advice on the Shops Acts ...	57
Visits in respect of complaints received	75
Number of shops visited on late night duties...	54
Number of shops visited on Sundays	104
Number of notices served	1,015
Visits in respect of notices served	1,717
Number of notices complied with	883

Analysis of Shops Register

Wearing Apparel. Ladies', Gent's, and Children's Outfitters, Boots and Shoes, Embroidery and Wool, Rainwear	425
Furniture and Household Goods. New and second-hand Furniture, Antiques, Carpets and Linoleum, Drapers and Haberdashery, China and Glass, Picture Frames	295
Food and Drink. Grocers, Butchers, Cooked Meats, Greengrocers, Provision Merchants, Bakers, Fishmongers, Poulterers, Restaurants, Cafes, Snack Bars, Coffee Bars, Licensed Premises, Sugar Confectioners, Ice-cream ...	1,710
Jewellers and Silversmiths	49
Books, Stationers etc. Books, Stationery, Newsagents, Postcards and Greeting Cards, Tobacconists, Philatelists, Libraries	182
Medicines etc. Chemists, Drug Stores, Cosmeticians, Perfumery, Toilet Goods, Medical and Surgical Appliances	84
Motor Cars. Showrooms, Motor Cycle Dealers, Caravans and Aircraft Parts and Accessories	148
Photographic. Photographers, Photographic Requisites, Projection Machines, Tape Recorders etc.	23
Electrical Goods. Including: Domestic Machines, Wireless and Television, Records and Record Players, Musical Instruments	130
Sports Goods	16

Building Materials. Builders' Merchants, Oil and Colour Merchants, Decorators, Wallpaper, Timber Merchants, Plastics Dealers, Ironmongers, Tool and Hardware	145
Horticulture. Florists, Seedsmen, Animal Feeding Stuffs, Grain and Fodder Merchants...	46
Office Equipment	10
Fancy Goods. Toys, Souvenirs, Costume Jewellery, Plastic Decorations ...	105
Pet Animals. Including: Animal Beauty Parlours	16
Retail Services. Hairdressers, Coal Order Offices, Laundry Receiving Offices, Laundrettes, Dry Cleaning Establishments, Watch and Clock Repairers, Boot and Shoe Repairs, Invisible Mending	414
Total	3,798
Unoccupied Shops	150

ADMINISTRATION OF THE FOOD AND DRUGS ACT, 1955

Mr. J. Holmes. Senior Food and Drugs Inspector, reports:

Sampling

349 samples of food (including drinks) and drugs were submitted to the Public Analyst for analysis and examination. 81 were found to contravene the Act, Orders or Regulations. The deletion of the coal tar colour Blue VRS from the permitted list by the Colouring Matter in Food Regulations 1966 (as from 26th June 1967) left wholesalers and retailers with stocks of confectionery etc. containing the colour. Stocks are being withdrawn as discovered and the producer notified. Six articles of food, crystallized fruit, peel, peas, dragees, liquor and four articles of sugar confectionery, were discovered and withdrawn. 7 contraventions of the Labelling of Food Order 1953 and 2 contraventions of the Cheese Regulations 1955 were detected and the labels were amended by the makers.

A sample of dried apricots contained sulphur dioxide in excess of the quantity allowed by the Preservatives in Food Regulations 1962. Follow up samples, taken after a warning to the importer, were found to be satisfactory. 1,600 tins of tomatoes were surrendered following a report from the Public Analyst that a sample contained an excessive amount of tin and iron.

Details of prosecutions regarding bread, chocolate éclair, apple dumpling, meat pie, pork sausages, pork pie, meat pie are given in the paragraph relating to complaints about food.

BACTERIOLOGICAL EXAMINATIONS

Milk Supplies

During the year 209 samples of milk were submitted to the Public Health Laboratory Service for bacteriological examination, and the following tabulated statement shows the results of these examinations:

Designation	Methylene Blue Test		Phosphatase Test		Turbidity Test	
	Pass	Fail	Pass	Fail	Pass	Fail
Pasteurized ...	104	—	104	—	—	—
Sterilized ...	—	—	—	—	43	—
Untreated ...	56	4	—	—	—	—
Ultra heat treated ...	2 samples taken were satisfactory					

The methylene blue test is to check the keeping quality of the milk, the phosphatase test to determine the efficiency of the pasteurization, and the turbidity test to ensure proper sterilization.

The unsatisfactory samples were brought to the notice of the producers or bottlers concerned and follow-up samples were satisfactory.

55 samples were examined for penicillin content—all were satisfactory.

32 raw (untreated) milk samples were examined for the presence of brucella infection by the milk ring test but none gave any indication of infection.

WATER SUPPLIES

Drinking Water

The whole of the area is supplied by the Brighton Waterworks Undertaking, and, as will be seen in the report of the Engineer and Manager of the Undertaking, the supply has been satisfactory in quantity and quality.

In addition to the large number of routine bacteriological and chemical examinations carried out by the Water Department, 108 samples were taken by the Public Health Inspectors from public drinking water fountains, hotel kitchens etc., and all were found to be of a high bacteriological standard.

Well Water

Well water is used at a hotel, a dairy and for industrial purposes at certain factories. Thirty samples were taken of these supplies during the year. At one premises the supply was found to be unsatisfactory after a prolonged spell of dry weather. The use of the supply was accordingly discontinued until after a series of satisfactory samples had been obtained.

Public Swimming Baths

Fifty samples were taken from Corporation public swimming baths.

Twelve of the samples were taken from North Road Swimming Bath, and six of these were found to be below the standard set by the Ministry of Health and Public Health Laboratory Service. It is understood that the chlorinating equipment in use at this bath is about thirty years old and that its replacement by modern and efficient chlorinators is under consideration.

Of the samples taken from the other baths, three fell slightly below the recommended standard. Repeat samples were satisfactory.

School Swimming Baths

Eighteen samples were taken from the fourteen swimming baths at schools and colleges. Four samples proved to be unsatisfactory. These appeared to be the result of inadequate chlorine dosage and verbal instructions regarding this were given to those in charge of the baths.

Public Paddling Pools

The standard of bacteriological purity of the water in these pools continues to be unsatisfactory. Of 32 samples taken, 18 were below the recommended standard—mostly well below this standard. Fortunately, no occurrence of infectious disease has been attributed to the use of these pools as the problem of maintaining a proper standard of purity of the water seems to be insoluble. Children introduce pollution by running in and out of the water from the wettened side walks where parents are usually congregated in their outdoor shoes, toys are taken into the water and even dogs have been seen running in and out. To counteract such contamination so much chlorine would have to be added to the water that the pools would become unusable because of the smell and smarting of the eyes which would result from this.

FERTILIZERS AND FEEDING STUFFS ACT, 1926

Nineteen samples of Fertilizers and four samples of Feeding Stuffs were taken during the year and submitted to the official Agricultural Analyst for his examination.

One sample of fertilizer was found to be deficient in potash to the extent of 8.2% of that guaranteed on the label. This was found to be due to the wrong manufacturer's label being displayed on the product, and was rectified.

Three warnings were also given where fertilizers or feeding stuffs were being sold in small quantities from bulk without proper labels being displayed giving the analysis details as required by the Act. On subsequent visits to the premises, proper labels were exhibited.

All other samples were satisfactory.

The following details are required by the Ministry of Health:

(a) *Milk supplies—Brucella Abortus*

1.	Number of samples of raw milk examined	32
2.	Number of positive samples found	nil
3.	Action taken in respect of positive samples	nil

(b) *Food premises subject to the Food Hygiene (General) Regulations 1960*

No. of premises		No. which comply with Regulation 16	No. to which Regulation 19 applies	No. which comply with Regulation 19
118	Butchers	118	118	118
19	Bakehouses	19	19	19
109	Retail bread and confectionery	109	109	109
368	Grocers	368	368	368
243	Greengrocers, fruiterers ...	243	243	243
772	Licensed hotels etc.	772	772	772
451	Restaurants	451	451	451
63	Coffee bars	63	63	63
151	Public houses...	151	151	151
30	Nursing Homes	30	30	30
24	Factory canteens	24	24	24
40	Educational catering... ...	40	40	40
70	Fishmongers and fryers ...	70	70	70
350	Sugar confectionery	350	350	350
4	Ice-cream manufacturers ...	4	4	4
609	Ice-cream retailers	609	609	609
2	Sausage factories	2	2	2
21	Supermarkets...	21	21	21

(c) *The Liquid Egg (Pasteurization) Regulations 1963*

1.	Number of egg pasteurization plants in the district	None
2.	Number of samples of liquid egg submitted to the Alpha Amylase test	None

(d) *Poultry Inspection*

1.	Number of poultry processing premises within the district ...	None
2.	Number of visits to these premises	None
3.	Total number of birds processed during the year	None
4.	Types of birds processed	None
5.	Percentage of birds rejected as unfit for human consumption	None
6.	Weights of poultry condemned as unfit for human consumption	None
7.	Comments on poultry processing and inspection	None

COMPLAINTS ABOUT FOOD

The number of complaints about food was 224; the number in 1966 was 212.

Bread	34	Milk—fresh	15
Cakes and biscuits	18	Yoghurt	1
Sandwiches, various	4	Ice cream	2
Fish—fried	3	Cheese	4
frozen	2	Pudding	3
fresh	3	Butter	4
canned	3	Sugar	3
Poultry	7	Flour	2
Meat—fresh	16	Bacon	5
canned	12	Sugar confectionery	8
frozen	1	Chocolates	3
pies	8	Preserves	5
sausages	13	Rice	1
Vegetables—fresh	3	Herbs and spices	1
canned	2	Nuts	1
frozen	1	Noodles	1
Soup	2	Scotch eggs	1
Fruit—fresh	3	Mineral water and fruit drinks	2
dried	4	Wines and spirits	1
canned	2	Russian salad	1
juice	1	Restaurant meals	16
pies	2		

Complaints about bread still head the list, although there were 10 fewer complaints than last year, and there were 9 fewer complaints about meat. The number of complaints regarding restaurant meals jumped from 4 to 16. Four of the complaints referred to one restaurant which has now closed. The other complaints were in the main about the quality of cooking, size of portions, or charges. All the restaurants involved were up to satisfactory standard of hygiene. In view of the millions of meals served annually in the town, the number of complaints is very small indeed and reflects credit on the many catering establishments in Brighton. Every complaint received a full investigation and the firms involved gave every assistance in the inquiries with a view to avoiding a repetition, but prosecutions were considered necessary in certain instances, and details are set out below:

		Fine	*Costs*
Sausages	Unsound	£75	£3 13 0
Yoghurt	Mouldy	£10	£3 18 0
Flour	Infested	£5	£3 18 0
Apricot pie	Mouldy	£15	£10 10 0
Meat pie	Containing a washer	£50	£4 1 1
Bacon	Containing maggots	£10	£4 1 1
Meat and egg pie	Mouldy	£50	£4 14 0
Sausages	Mouldy	£10	£4 14 0
Chocolate éclair	Mouldy	£5	£10 5 0

The following cases had not been heard by the Magistrates before the end of the year:

Steak and Kidney Pie
Apple Dumpling
Bread.

It was possible to allocate four inspectors to Food and Drugs sections during the month of July and a systematic inspection of food premises was started, under the Food Hygiene (General) Regulations 1960 and the Offices, Shops and Railway Premises Act 1963. An outbreak of Salmonella food poisoning necessitated transferring two of these inspectors to the Infectious Diseases section for one month. The general standard of hygiene was found to be up to

a satisfactory standard at most places, although it was necessary to serve several notices for works required by the Offices, Shops and Railway Premises Act 1963. 56 accidents reported under this Act, which happened at food shops, were investigated.

Prosecutions under the Food Hygiene Regulations were taken in respect of two cafés and one hotel.

Food Hygiene Regulations		*Case A*	*Case B*	*Case C*
Regulation No.	23 (1) (a)	2 charges £5 each	33 £10 each	8 £10
				8a £10
	19 (1) (b)	2 charges £5 each	6 £30 each	25 £4
	14 (2)	1 £5	23 £10 each	23 £10
	14 (5)	1 £5	14 £5 each	6 (1) £10
	16 (3)	1 £5		17 £4
	16 (2)	1 £5		16 (3) £4
	17	1 £5		14 (5) £3
O.S.R.	S.50	1 £5		6 (1) £10
O.S.R.	S.49			£3
O.S.R.	S.50			£3
		Total Fine £50	Total Fine £55 both partners	
		Costs £10 10 0	Costs £5 5 0 each	
Byelaws				Mice £4
				Total Fine £75

The improvement of restaurants and snack bars has continued and in some cases complete reconstruction takes place. It is gratifying to find that the Brighton restaurants listed in the Good Food Guide are outnumbered only by those in London. Major works being carried out, particularly in the West Street Development Area, have all been discussed in the planning stage with architects, shopfitters and ventilation engineers. This prior consultation is essential to ensure that all the requirements of the Food Hygiene Regulations and the Offices, Shops and Railway Premises Act are provided for. Although all schemes discussed do not proceed, the liaison with owners and architects is of considerable value to both sides.

EDUCATION IN FOOD HYGIENE

Diploma Course

Two courses of lectures were given at the Technical College in connection with the Diploma Examination in Food Hygiene and Food Handling of the Royal Institute of Public Health and Hygiene. Thirty-nine members of the food trade completed the ten-week course and thirty-seven obtained the Diploma. Seven lectures illustrated by slides and films were given to food handlers employed in food shops and school meals kitchens. The lecture theatre at Church Street made available by the courtesy of the Royal Pavilion Committee was again used.

NOISE NUISANCE

Six complaints about noise were investigated and action taken to abate the nuisance; the nuisances were due to:

Ice-cream van chimes	1
Juke boxes	2
Dance band	2
Dairy machinery	1

FOOD INSPECTION

Foodstuffs surrendered from markets and shops

	Tinned or bottled (units)			Other foodstuffs (pounds)		
	Meat Fish Poultry	Fruit Veg	Other items	Meat Fish Poultry	Fruit Veg	Other items
Abattoir ...	650	963	104	22490	—	229
Food and Drugs ...	1031	5510	1300	11796	7280	592
Totals ...	1681	6473	1404	34286	7280	821

BRIGHTON CORPORATION ACT 1966

This Act became popularly known as the "Coffee Bar Act". Sections 7 and 8 came into force on 1st March 1967. Section 7 requires the registration of coffee bars, clubs etc. open after 11 p.m. or before 5 a.m. and section 8 requires the consent of the Corporation to the sale of refreshments from a mobile coffee stall etc. between the hours of 10 p.m. and 8 a.m.

Coffee Bars—Section 7

65 applications for registration as coffee bars were received. Of these, two were withdrawn, and five were refused registration. Four appeals to the Magistrates against Health Department requirements were dismissed.

In addition to the initial inspections, subsequent visits were made to check the progress of works, to meet architects and contractors to discuss proposals and to inspect completed works, a total of 374 visits being made.

The Public Health Department was responsible for securing compliance with *subsection* (6) (11):

> "the number of persons who may be allowed to be on the premises at any time".

and subsection (6) (III):

> "means of lighting and ventilating the premises".

and subsection (6) (IV):

> "means of heating the premises".

Section 5 gives the Corporation power to refuse to register or renew registration of any premises if they are satisfied that

> "(a) the premises are not suitable for the purpose, having regard to the likelihood of nuisance being caused by reason of the situation of the premises and the character of adjacent properties.
>
> (d) the premises are not provided with satisfactory means of lighting, sanitation and ventilation".

The only existing legislation of a similar nature was contained in the Manchester Corporation Act 1965, and its provisions are only applicable to premises run as clubs or other premises with a limited membership. The Brighton Act went further and included all clubs and refreshment houses which open between the hours of 11 p.m. and 5 a.m., excluding among other places licensed restaurants, bona fide hotels, guest houses or lodging houses. Certain standards had to be fixed, and the following were evolved:

Lighting

Standards of lighting could be enforced only in the parts of premises where people were employed and where food was prepared (Offices, Shops and Railway Premises Act 1963 and Food Hygiene (General) Regulations 1960). Under the new Act reasonable standards of lighting can be enforced in all parts of the premises. Improved lighting was obtained at 11 premises. The standard evolved, and measured by a light meter was General lighting 7 lumens/sq. ft.; Stairs/corridors 5 lumens/sq. ft.

Sanitation

The provision of sanitary accommodation for both sexes was required before registration. Three owners appealed to the Magistrates' Court against the requirement of additional sanitary accommodation, and the appeals were dismissed.

1 additional W.C. was provided at 16 coffee bars.

2 additional W.C's were provided at 2 coffee bars.

Existing W.C's were improved at 8 coffee bars.

The standard was fixed at 1 W.C. for every 50 persons, separate for the sexes.

Washing facilities

Were provided at 10 premises.

Ventilation

Was improved at 4 premises.

The standard of ventilation was fixed at 1,000 cu. ft. per hour.

Cleansing and redecoration

Were carried out at 9 premises.

Restriction of the number of customers

There was no standard as to the number of persons to be admitted in coffee bars, and a standard of 1 sq. yd. per person was finally arrived at by the Health Department. This standard was found to tally very closely with standards of the Borough Surveyor and Fire Brigade. Permitted numbers of persons to be allowed in 12 premises were reduced.

Heating

Means of heating parts of premises open to the public were provided at 8 premises. The standard laid down in the Offices, Shops and Railway Premises Act 1963 was adopted (60.8°F.).

Seating

Seating was repaired at 1 coffee bar and renewed at one other.

Staircases

Stair treads were repaired at 6 premises and 4 handrails were fixed.

Cleanliness

The general standard of cleanliness was found to be good, and frequent visits have resulted in distinct improvements at two coffee bars.

Conclusions

The new powers provided by this Act have proved extremely useful in secu ing improvements which under existing legislation could not have been legal required and would have been obtained only after prolonged and difficu informal negotiation, if at all.

PUBLIC ABATTOIR

Mr. R. L. Scotow, Senior Meat Inspector, reports:

Tuberculosis

44 Tuberculosis Reactors were slaughtered during this year compared wi only 6 in the previous year. Most of these came from a nearby milk herd whe an earlier than routine testing had taken place. It soon became apparent that "Tuberculosis Breakdown" had occurred. 28 out of 31 Reactor cows showe visible lesions of Tuberculosis. Although several cows showed caseous cavitie in the lungs, only the next year, when the 60 days interval of testing expire will show whether the primary source of infection has been removed from th herd.

On post-mortem examination of all the Tuberculosis Reactors, 29 had visib lesions, 4 showed "Skin Tuberculosis" and 11 had no visible lesions of Tuberc losis at all.

During routine meat inspection, lesions suggestive of Tuberculosis were foun in 7 cattle. On each occasion, the local Divisional Veterinary Officer of th Ministry of Agriculture, Fisheries and Food was informed so that furth veterinary inspection of the herd might be made.

Fascioliasis

The following table shows that this year the total rejection rate for who bovine livers rose by 3% whilst the fascioliasis (liver-fluke) incidence fell b 5%. At first glance, this fall in the fascioliasis incidence seems to suggest tha farmers are taking measures to rid their animals of liver-flukes. Unfortunatel this is not so. It merely means that the high fascioliasis incidence found i local market cattle has been diluted by an increase in the number of liver-fluk free cows and "barley-beef" cattle slaughtered. The increase to a 10% rejectio rate for liver abscesses, common in "barley-beef" cattle, supports this point.

Rejection Rates of Bovine Livers

Year	Throughput	Whole Livers					Part Livers Fascioliasis	
		Total affected	%	Cause	No.	%	Total affected	%
1967	12072	3916	32	Fascioliasis Abscesses ... Other causes	2354 1229 333	19 10 3	2876	24
1966	6794	1938	29	Fascioliasis Abscesses ... Other causes	1193 593 152	18 9 2	2058	30

Neoplasms

From 11 specimens of neoplastic material sent for investigation three proved not to be true neoplasms. The results are summarized in the following table:

Primary Division	Provisional Classification	Cattle	Calves	Sheep	Pigs
Benign	Haemangioma				1
	Liver cell adenoma			1	
	Melanoma	1			
	Phaeochromocytoma	1			
Malignant	Lymphosarcoma				1
	Squamous celled carcinoma	2			
Mixed i.e. benign negative	Phaeochromocytoma and hyperplastic changes	1			
Negative	Bacterial necrosis			1	
	Nodular hyperplasia and lymphangectasis				1
	Probably inflammatory lesion resembling an Epulis	1			

Casualty Slaughtered Animals

Number slaughtered	Totally Rejected	Carcases of which some part or organ was rejected	Passed Unconditionally
Cattle ... 38	13	11	14
Calves ... 2	1	—	1
Sheep ... 6	2	2	2
Pigs ... 52	29	8	15
TOTAL ... 98	45	21	32

Eosinophilic Myositis

In the 1963 Annual Report mention was made of an undiagnosed condition found on two occasions in beef muscle. The carcase affected showed throughout what appeared to be degenerated parasitic material between muscle fibres. Material was sent to a specialist laboratory for examination as suspected sarcocysts. The histological report did not confirm this and the diagnosis was left very much in doubt. At the time of writing it was remarked that if this condition was seen again then material would be sent to several laboratories to establish a firm diagnosis.

This condition remained an intriguing puzzle, the solution of which was sought in many veterinary writings. It was not until late 1966 that the Senior Meat Inspector found a similar condition described in a published post-mortem survey of a number of beef cattle in Colorado, U.S.A. The description was of a relatively rare condition of eosinophilic myositis of cattle for which, although known for many years, no cause had been found. Generally, the condition is a subacute or chronic asymptomatic disease characterized by inflammatory foci

of the skeletal muscles, or occasionally, of the myocardium when the conditi may be suddenly fatal. Two forms of the disease were described: (a) eosinophil myositis, in which large numbers of eosinophils accumulate in tissues whe muscle fibres are destroyed, and (b) sarcosporidical myositis, in which eosinoph and granulomas occur. With this information in mind, the Senior Meat Inspe tor waited to find this condition in order to establish the possible diagnos It is ironical that it was not the Public Abattoir but a nearby local authori that provided the material that finally decided the matter. The Senior Me Inspector was consulted by an inspector from a nearby slaughterhouse ov some unusual lesions found in beef muscle. These had been found in masset muscles, diaphragm and the tail. With hindsight, the Senior Meat Inspect was able to make the tentative diagnosis of eosinophilic myositis which w later confirmed by three laboratories.

Dagged Sheep

Dagged is a term of obscure origin used for more than 200 years in Englis speaking countries to describe the hindquarter fleece of sheep which ha become fouled by scouring. This scouring follows feeding upon lush gre pastures and every Spring, lambs with filthy hindquarters arrive for slaughte As soon as dressing commences so does faecal contamination of the carcase spite of the good efforts of the slaughtermen to produce a clean and safe carcas

What can be done to stop this disgusting spectacle each Spring? To n slaughter until the scouring has cleared may mean a week's stay in the lairag and the lambs are bought to supply an immediate demand.

Some of the Australian States have made conditions for sheep produce dealing with this matter. The conditions include removal of any scourir sheep from pasture to a dry yard at least a week before sale, an individu inspection before trucking and a fine of ten shillings for each dagged she found on arrival at the slaughterhouse. As producers cannot be unaware dagged sheep before sending them to a slaughterhouse or auction market, would seem that the possibility of a financial penalty is the one way to achie positive action.

This may well be a problem that could be satisfactorily dealt with by T Meat and Livestock Commission in the future.

DISEASES OF ANIMALS ACT

Swine Fever Order of 1963

On no occasion was Swine Fever suspected in the slaughterhouse and neith were any pig producing premises declared to be Infected Places within t meaning of this Order.

Foot and Mouth Disease (Infected and Controlled Areas) Orders of 1938

On the 18th November, the County Borough was included in a Controll Area. This followed the commencement of what was soon showing signs being the most serious outbreak of Foot and Mouth Disease ever recorded this country.

By the end of the year over 560 Movement Licences had been issued a there were no signs that the epizootic was abating.

nthrax Order of 1938

Again this year there were no cases of Anthrax within the County Borough. his may well be due to the fact that the local knacker-man insists that, where sudden death from an unknown cause has occurred, the animal is examined by veterinary surgeon for Anthrax. This prudent measure stems from past perience when at least 2 cases annually were diagnosed in the knacker's yard. nfortunately, the knacker-man's insistance upon veterinary investigation llowing sudden death of an animal is not necessarily popular with the farmer d may result in the knacker-man losing business. During the year Anthrax s occurred in other parts of Sussex. It would be advantageous if the principle veterinary examination following sudden death of an animal had the full rce of the law behind it.

aughter of Animals Act 1958

On the 31st December, 1967, twelve persons were in possession of slaughter-g licences issued by the County Borough.

aughter of Animals (Prevention of Cruelty) Regulations 1958

The annual return made by the occupiers of the local knacker's yard showed at no horse had been slaughtered on the premises and that 21 horse carcases d been received there during the year.

ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR

arcases and Offal Inspected and Rejected in Whole or Part

	Cattle	Calves	Sheep	Pigs
lled	12072	1228	27951	16177
spected	12072	1228	27951	16177
ll diseases except Tuberculosis and Cysticerci: Whole carcases condemned	24	4	62	122
Carcases of which some part or organ was condemned	7471	46	6327	4794
Percentage of the number infected with disease other than Tuberculosis and Cysticerci	62.09	4 .07	22.86	30.39
uberculosis only: Whole carcases condemned	—	—	—	1
Carcases of which some part or organ was condemned	36	—	—	25
Percentage of number inspected infected with Tuberculosis	0.30	—	—	0.16
ysticercosis only: Carcases of which some part or organ was condemned	20			
Carcases submitted to treatment by refrigeration	20			
Percentage of the number inspected infected with Cysticerci	0.17			

Mr. L. H. Whanslaw, Senior P.H.I. (Air Pollution and Special Duties) h submitted the following particulars of work which he has carried out duri the year:

Day Nurseries and Play Groups

During the year, visits were made to all registered day nurseries and also unregistered play groups. Advice was given in regard to kitchen hygien accommodation which should be provided, overcrowding etc. As it was know that legislation was proposed to cover play groups, the question of the formul tion of standards was left over and no requirements were made in regard the repair or alteration of existing premises. In all instances a visit from t public health inspector was well received by the occupiers and his advice w sought on many matters and particularly by those who wished to increase t number of children for whom they were providing care.

Old Persons Homes and Homes for the Mentally Disturbed

Visits were made to all the above mentioned homes with officials from t Welfare Services Department and the Mental Health Officers' section. A alterations to existing premises were supervised during the year.

Nursing Homes

Routine inspections were made of the majority of the nursing homes an those visited were found to be in a good state of repair. Complaints we received about one nursing home which demonstrates a difficulty which h been foreseen for some time. Occupiers of adjacent properties complained a smoke and fume nuisance and on investigation it was found that the nursi home had replaced a solid fuel central heating boiler by an oil fired boiler. had been the practice to dispose of fouled and soiled dressings by placing the on the boiler fire. Because this could no longer be done, the occupier was tryi to burn this material in a garden incinerator. Negotiations are now in progre for the installation of a smokeless incinerator which should obviate any furth complaints.

During the year, a new nursing home was registered which specializes in t reception of terminal cancer patients. This Department was involved in t scheme from its inception and by constant liaison with the architects an builders, the standard of conversion and facilities provided were of a very hig order.

Examination of Plans

2,489 applications for Building Regulation approval and planning permi sion were received during the year. In addition, approximately 500 deferr items were also considered. It was found necessary to comment on 220 applic tions and interviews were held with architects dealing with these propertie 932 visits were made by the Public Health Inspector and Technical Assistan employed on this work whilst works were in progress. It was found that the was an increase in the number of plans for the improvement of offices and sho and in the number dealing with improvements at coffee bars in the tow arising through the enforcement of the Offices, Shops and Railway Premis Act 1963 and the Brighton Corporation Act 1966, in so far as coffee bars a concerned. Architects were approached to install incinerators in new bloc of flats heated by gas, oil or electricity, but the response has been disappointin

During the year, further visits were made to all coin operated dry cleani establishments in the town. In only one case was a notice displayed warni the public of the dangers arising from taking freshly cleaned articles into

osed car. A number of notices were obtained from the suppliers of a cleaning uid and these have been distributed to all coin operated dry cleaners in the ea. It is evident, however, that a few are still reluctant to display any warning otice in their premises.

Noise Nuisance

A number of complaints concerning noise produced by road breaking equipent were received during the year. Improved models of pneumatic drills and mpressor motors are on the market which function at a much reduced noise vel. Approaches have been made to statutory undertakings, gas and electicity boards, who are exempt from the requirements of the Noise Abatement ct, all Corporation Departments who operate road breaking equipment, large uilding contractors and firms who provide equipment on hire, requiring them use only plant which has been silenced as far as is practicable, also portable affles to be erected round the immediate area where equipment is being used. he latest methods of excavation by vibrators will no doubt become universal application and a great deal of noise will thus be eliminated.

oss of Residential Accommodation

44 applications involving a loss of residential accommodation were received. ll these premises were inspected and 20 were found to be unfit for human abitation or badly arranged and unsuitable for residential use.

Iational House Condition Survey

During 1967 this authority was asked to take part, with others, in a Ministry f Housing and Local Government National Survey to assess the condition of ne national housing stock. They were of the opinion that this work could best e carried out by Public Health Inspectors who have intensive experience in nis aspect of local government administration.

Much of the information available on the subject was either unreliable or ut of date, and in order that sound appraisals of policies on future slum clearnce, improvement and repair of older houses could be made, additional nformation was required.

The Ministry proposed a sample survey of some 6,000 dwellings situated in 50 local authority areas which produced the information required and classied dwellings into stated categories. A team of 25 Senior Public Health nspectors was employed for a period of six weeks to complete their surveys. t was arranged that no officer surveyed property in his own or neighbouring uthority's areas.

In view of the fundamental importance of this survey to future housing olicies, the Health Committee nominated a Public Health Inspector to take art in the survey and Mr. L. H. Whanslaw was seconded to the Ministry of lousing and Local Government for this purpose for the period of the survey.

The benefit of the information and experience obtained in taking part cannot e too strongly emphasized and it was most interesting to note the difference n standards in the various local authority's areas. Of particular interest was ne progress being made by some local authorities to provide suitable housing or elderly persons. The building of such accommodation will have to play a ar greater part in future housing programmes than it has in the past.

Clean Air Act 1956

Air pollution readings continue to be taken at three sites in the town, and whilst our summer readings are satisfactory, pollution levels during the winter eriod could be much improved. Household smoke causes the greatest concern n the country, although the smoke control area programme has improved

during the past year and 310 new areas were submitted, confirmed or put int operation. The number of properties in smoke control areas is now over million with the Greater London region having over 61% of its premises unde control orders.

During the year, a Private Member's Bill on air pollution was introduced i the House of Commons, but later withdrawn. It is understood that a revise version may be introduced shortly. As mentioned, in my report for 1966 international action to fight air pollution is well under way and a Clean A Charter to guide governments in framing air pollution control policies ha been produced. The Charter deals with three main sources of pollution, indus trial, domestic and motor vehicles.

Nine planning applications were submitted during the year involving ne chimneys only one of which complied with the Clean Air Act 1965 memor andum on "chimney heights". The remaining eight were approved afte negotiations between architects, planning officers and representatives of thi department. In one case, agreement could not be reached and the result wa a compromise not entirely satisfactory to all parties concerned. Whilst appl cants can sometimes be persuaded to burn a fuel with a lower sulphur content it cannot be too strongly emphasized that adequate chimney height is th first line of defence against heavy ground level concentrations of sulphu dioxide. A revised edition of the memorandum on "chimney heights" wa published during the year, which deals more effectively with the smaller boile installations emitting small amounts of sulphur dioxide. It is hoped that th new publication will assist in solving the more common problems arising out c Section 10 of the Clean Air Act 1956 and improve readiness to co-operat among architects and those concerned with buildings and chimneys. Th department of Education and Science are commending "chimney heights" t local education authorities as guidance, which it is normally desirable to follow

Routine inspection of boiler houses continues and there are now only a fe installations in the town operated by manual stoking. Whilst the huma element involved in smoke emissions is being eliminated, the servicing c automatic appliances is carried out at infrequent intervals leading to th emission of smoke or smuts.

Garden bonfires continue to be a nuisance and many complaints were agai received during the year, but as the nuisance arises from different premises a varying times, there is little chance of taking statutory action to enforc provisions of the Clean Air Act 1956. Arrangements exist for collection c garden refuse by the Borough Surveyor's Department and the attention c offenders is drawn to this scheme.

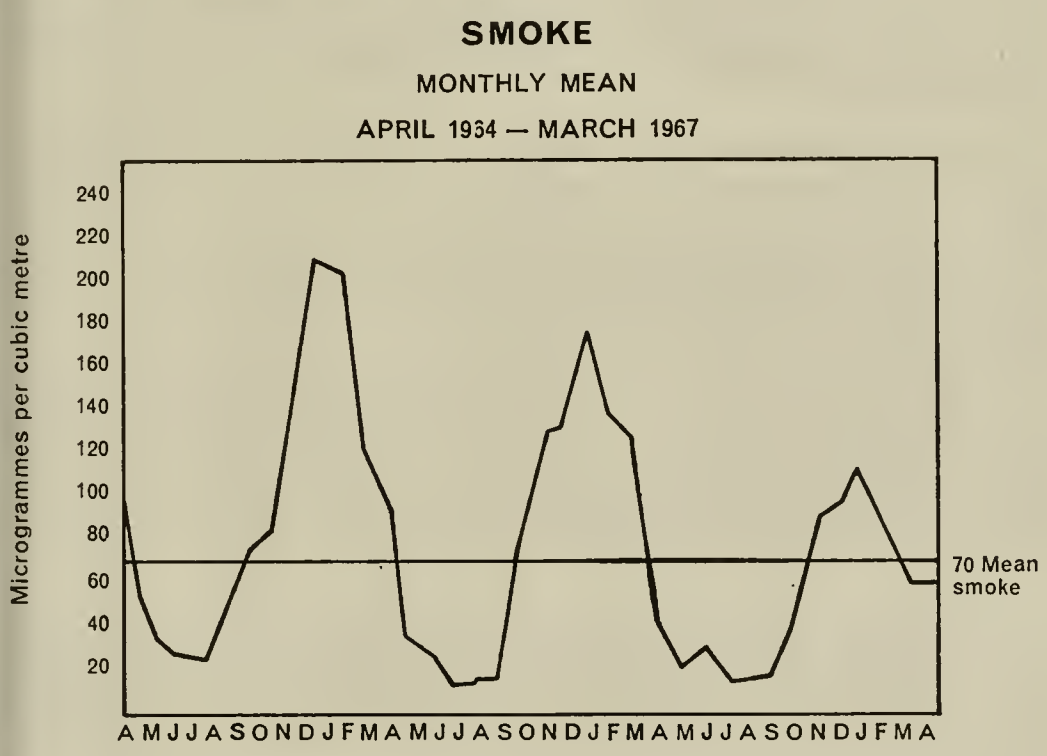
During the year, much has been said about pollution from traffic and con siderable research into this problem is taking place.

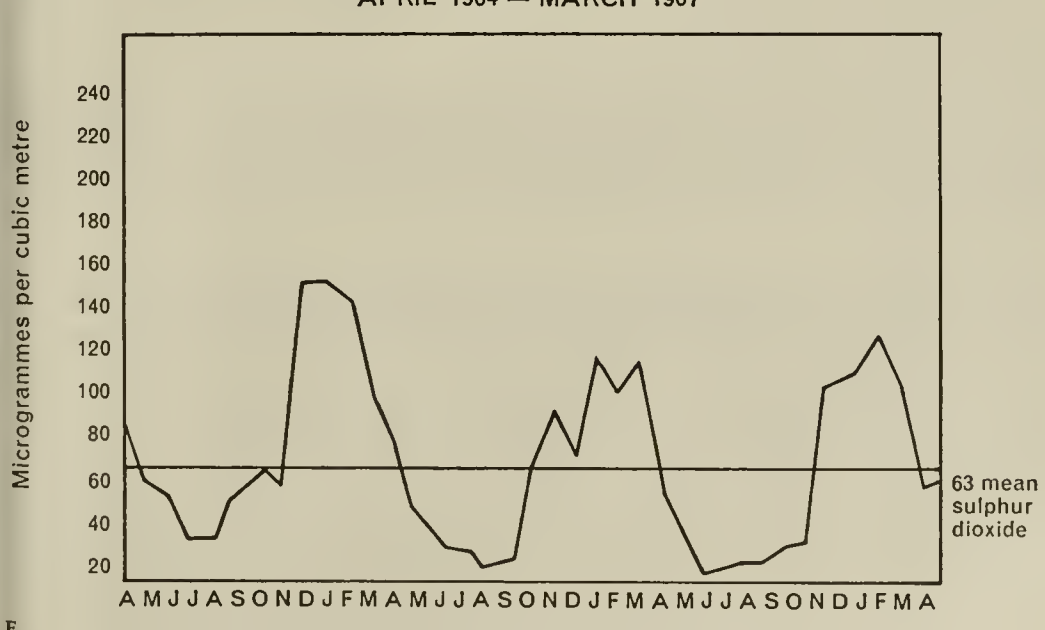
Producers of motor cars and motor engines are being subjected to pressure to produce engines that provide for more complete combustion of the fuel used and the burning of residuals prior to being discharged from the exhaus pipe.

Diesel engines cause particular complaints from the public because of th filthy and unpleasant odours produced from heavy vehicles when the engin is under load. Actually the diesel engine is more efficient than a petrol engin as it operates at a higher proportion ratio except when starting from cold. Th cause of most complaints is due to improper maintenance of the engines Regular cleaning and maintenance is essential if the engine is to functio satisfactorily. If vehicles are found to be emitting smoke and fumes the owner are immediately notified and we have had a very good response. Many vehicle have been taken off the road for engine maintenance work, with good result

Interest has again been raised during the year in electric propulsion. In the present state of development it would appear that there could be a small market developed for short journey work. The number and weight of batteries required to work such vehicles are being reduced dramatically but one major oil company has claimed that before the electric car is fully developed, pollution from petrol driven vehicles will have been virtually eliminated. If this is the case, then we all hope that the day of the electric car will be with us soon.

Atmospheric Pollution Readings—Brighton





School Hygiene

At the request of the Education Committee, the Architect's Departmen and the Health Department undertook a detailed joint survey of the olde primary schools in the County Borough. Many of the defects found in thes schools involved structural defects which are difficult to overcome because o lack of open space, and the only real remedy would sometimes appear to b demolition and rebuilding.

High priority should be given in the provision of internal sanitary accom modation and washing facilities. No child should have to cross a playground in all weathers, to reach a W.C. The present system at some schools when washing facilities are sited away from W.C's is unsatisfactory and not conducive to good hygiene.

Lighting appeared generally to satisfy the requirements of the appropriat regulations, but this standard is extremely low. It may be argued that artificia lighting in junior and infants' schools is only needed for short periods during the year, but in many cases, because of the structural defects previously mentioned, natural lighting available is below standard and cannot be improved with the result that artificial illumination is used for long periods during the school day.

Childrens' eyes are still developing and they are grappling with new problems and symbols which perhaps they are seeing for the first time. It is essentia that lighting be of the highest order and the present minimum standard o 10 lumens per sq. ft. is totally inadequate, especially at a time when a standard of 30 lumens per sq. ft. is being asked for in offices and shops where adults are employed.

Early in the year the attention of the Ministry of Education and Science was drawn to this anomaly by this Department and it was suggested that the standard proposed by the Illuminating Engineering Society should form the basis for the standards of lighting required in schools. A reply from the Ministry indicated that new proposals for the lighting in schools were under active consideration and would soon be published.

With available finance likely to be limited for some time, the determination of priorities between requirements at these older schools will remain a vexed question.

Cinematograph Acts and Stage Play Licences

The ten cinemas in the town were visited during the year, conditions were found to be satisfactory at nine and works of repair were completed at the remaining one. No objection was raised to the renewal of cinema licences in all cases.

Six premises were inspected for the issue of annual stage play licences and works of repair were required at two. On completion of these works, no objection was raised by the Health Department to the renewal of licences.

24 applications were received for occasional stage play licences for the public performance of stage plays, and in all cases licences were issued.

PIGEONS

Treatment against pigeon flocks during the year 1967 has been very satisactory and the following table gives details of numbers destroyed:

	Birds Destroyed	*Fledglings*	*Eggs*
January	434	14	30
February	151	7	—
March	695	18	27
April	436	16	28
May	292	9	13
June	666	33	61
July	455	11	23
August	321	—	3
September	590	—	—
October	793	34	83
November	621	—	—
December	286	7	—
Totals	5,740	149	268

139 complaints were received during the year, nearly double that for 1966, ınd it is interesting to note that there were no objections to our activities. Γhere is no doubt that the public are now well aware of the nuisance caused by :his pest and are anxious, particularly where their own premises are affected, :hat action is taken to destroy the birds.

In a number of cases where infestation is heavy the complainants are pre-ɔared to accept any method of control and often make suggestions which ıormally we are unable to carry out either because the method is against the aw or that it would possibly upset other residents in the area who are not ıaving to put up with the nuisance.

Again it has been found that where a roof space is heavily infested, breeding ɔf mites and other insects takes place with distressing results for the occupants ɔf the house.

During the year, 4 schools were treated and proofed. At 2 of these premises ıeavy mite infestation was found and dealt with and in 1 school 94 pigeons were destroyed, all in extremely bad condition, many had signs of a cankerous ;rowth in young and old; some had symptoms of a catarrhal condition, yellow-'sh discharge from eyes and beak. Droppings were green and foetid, a sure sign ɔf an unhealthy bird. At yet another school a large number of feral pigeons ıave been using the building for roosting. The hopper heads forming ideal ıesting sites, the gutters had heavy deposits of fouling and possibility of looding from blocked gutters and rain-water pipes was quite serious.

At a large hotel in the Brighton area, the Hygiene superintendent at that ıotel requested our assistance in ridding the hotel of pigeons, which were ɔecoming a nuisance. A firm of contractors had recently carried out narcotic :reatment with little success and it was arranged to carry out shooting after :he holiday period.

There were large accumulations of dropping on the roof, which when dis-:urbed, were most offensive and evidence of mite was found.

As a result of our treatment, 101 birds were destroyed and 10 cwts. of drop-ɔings removed.

As a result of a paper on experimental work in the United States of America, ɔn the use of chemosterilants (contraceptive pills) which appeared to have ɔeen fairly successful, new approaches were made to the Ministry of Agriculture ;or permission to carry out similar experiments in the Brighton area. Permis-ɜion was refused and we were informed that research was still going on in this :ountry on the use of chemosterilants.

The main method of control in Brighton remains shooting with supportin narcotic treatments during the permitted period (summer months) and thi year it is rewarding to see that our numbers are over 1,000 more than las year when time was wasted on traps, nets and other methods in our endeavour to satisfy the local branch of the R.S.P.C.A.

Check observations on size of flocks are made by this department and th Parks and Gardens Department. These observations showed that there wa a tendency for flocks to enlarge towards the end of June. The frequency an scope of operation was increased and by the last week in August the figure were at their lowest point.

Unfortunately there are still odd sites, where it is almost impossible to dea with pigeons which feed during the daytime, usually on food provided by loca residents. The only effective method would be to shoot them during daylig hours. This, obviously, is impracticable.

At one such site the person who regularly feeds the birds, and at one tim caused considerable interference with our activities, now accepts that th number of birds is increasing out of all proportion and readily accepts ou treatment of that area twice a year. On these occasions, she has been extremel helpful.

COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

W. S. PARKER, *V.R.D.*

M.B., Ch.B., D.P.H., D.I.H.

1967

HEALTH DEPARTMEN
BRIGHTO
June 196

To the Members of the Brighton Education Authority

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the Schoo Health Service for the year ending the 31st December 1967.

The general state of health of the school population has remained satisfactor both at entry, during and leaving the systems of formal education in th Borough.

The year was perhaps best noted for efforts to reappraise the work done i respect of handicapped pupils—this matter received considerable impetus o the receipt of the joint Circular from the Department of Education and Scienc and the Ministry of Health numbered 9/66 and 7/66 which encouraged an stimulated Local Authorities to review their arrangements especially in relation ship to children with more than one handicap.

In reviewing our existing arrangements we have placed emphasis not onl on the early discovery of real or potential handicaps, but also using the proces of discovery to establish a close and permanent professional relationship wit the parents. This, we believe is the only secure foundation on which to plan t child's educational future and obviously should start at an early age. The perio between 2-5 years of age should be used not only for discovering the handica but for a soundly based system of medical review to facilitate whatever educa tional recommendations have to be made—if during this period parents are kep fully informed, then the ultimate decisions will be more readily accepted. O these precepts the links between the School Health Service and the Healt Department were overhauled especially in the fields of Mental Health and th Maternity and Child Welfare Service. This has resulted in re-organisation which it is hoped, will give a more comprehensive picture of a handicapped chil including mutiple handicaps. The fact that emotional deprivation or "socia starvation" can present as an educational handicap has not been forgotten.

In September one school became extensively involved in an explosive out break of illness characterised by severe abdominal pain as the main presentin symptom, followed later by vomiting and diarrhoea. In a period of 72 hours, 8 pupils and staff including canteen staff had fallen ill. Subsequent investigation of the individuals who fell ill showed S. typhimurium (U.163) as the causativ organism. In spite of the most vigorous and far reaching enquiries, the source c this outbreak was not discovered. Ultimately over 360 people in the school an surrounding community became ill with the same symptomatology. I record m appreciation of the work done by the Staff of the Health Department and th Director and Staff of the Public Health Laboratory whose joint and clos collaboration materially helped in the confinement of the outbreak at a time i Brighton when there was much holiday activity. I thank the Ministry of Healt for their advice and also the Director of Education for facilitating the necessar investigations in the school and staff. A number of lessons were re-learnt by a who were involved in this outbreak, especially in the fields of personal an environmental health.

The general work of the School Health Service has progressed well in spite o staffing changes which have occurred. It is with deep regret that I have t record the death of Dr. L. D. Williams, one of the assistant medical officers o the School Health Service. For 20 years he had held this post in Brighton an

was beloved of the many children who came under his professional eye. We have lost a man of vast experience, trusted and well liked by his colleagues and parents alike, and who maintained impeccable standards of work and bearing.

There is now evidence in this Report especially in the Sections dealing with the Audiology and Speech Therapy Service, that our considerations of multiple handicaps as mentioned above are beginning to take root. Much attention has been given to the concept of a centre for the assessment of disorders of communication rather than dealing with two separate entities of speech and hearing disorders. If funds allow, this idea will be pursued further in 1968.

In another capacity much preliminary work has been done in laying the foundations of a comprehensive Child Health, Welfare and Development Service which should embrace all the many systems which deal with a child from conception to graduation. Again the ever-present strictures of staffing and finance have hindered progress in this field.

I wish to pay especial tribute to the efforts of the School Nursing Staff for their unflagging work in respect of head infestation. When one reads that one family has been the cause of half the cases dealt with the phrase "reservoir of infestation" takes on a fresh, if irritating meaning!

It is pleasing to observe the activities of the Student Health Service and in paying tribute to the general practitioners who have given of their professional time to run this service, it is now self-evident that the Service has become a cohesive force in maintaining the health and well-being of the student population in Brighton.

Yours faithfully,

W. S. PARKER,

Principal School Medical Officer.

EDUCATION COMMITTEE FOR THE COUNTY BOROUGH OF BRIGHTON

Members of the Education Committee and certain Sub-Committees as at 31st December, 1967.

EDUCATION COMMITTEE

Councillor R. J. Salt (*Chairman*)
His Worship the Mayor (Alderman R. Bates)
Alderman D. S. Y. Baker, *M.B.E.*, J.P.
,, S. D. Deason
,, G. Fitzgerald
,, J. L. Miller
,, Miss D. E. Stringer, *O.B.E.*
,, Mrs. D. K. G. Watson-Miller
,, F. E. Winchester
Councillor R. J. Blackwood
,, G. G. Bradley
,, Mrs. G. M. Ceccotti
,, M. D. Cohen
,, G. W. Humphrey
,, C. W. Jermy
Councillor F. Lane
,, Mrs. G. R. Morrison
,, J. Reeve
,, R. H. Shrives
,, A. Sless, M.B., B.CH.
,, S. W. Taylor, *M.B.E.*
Mr. G. A. Burton
Mr. N. W. Carter, B.SC.
The Rev. M. G. Costello
Mr. E. W. R. Ede, *M.B.E.*
Mrs. W. R. Gatehouse, L.G.S.M.
Mrs. M. Jameson
The Rev. Canon J. N. Keeling
Mrs. M. G. Mills, M.A.
The Rev. Emrys Walters

SCHOOLS SERVICES SUB-COMMITTEE

Councillor R. H. Shrives (*Chairman*)
The Mayor (*ex-officio*)
Councillor Mrs. G. M. Ceccotti
,, G. W. Humphrey
,, Mrs. G. R. Morrison
,, R. J. Salt (*ex-officio*)
Councillor A. Sless, M.B., B.CH.
Mr. G. A. Burton
The Rev. M. G. Costello
Mrs. W. R. Gatehouse, L.G.S.M.
The Rev. Emrys Walters

SCHOOL ATTENDANCE AND EMPLOYMENT BRANCH SUB-COMMITTEE

Councillor T. A. Markham (*Chairman*)
The Mayor (*ex-officio*)
Councillor R. J. Blackwood
,, Mrs. G. M. Ceccotti
,, Mrs. G. R. Morrison
,, R. J. Salt
Councillor R. H. Shrives
Rev. M. G. Costello
Mr. E. W. R. Ede, *M.B.E.*
Miss R. Evans
Miss S. Sacchi (*representing Brighton Teachers' Association*)

MANAGERS OF THE BRIGHTON DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

Mr. G. A. Burton (*Chairman*)
The Mayor (*ex-officio*)
Alderman Miss D. E. Stringer, *O.B.E.*
Councillor R. J. Salt
,, R. H. Shrives
Mr. E. W. R. Ede, *M.B.E.*
Mr. R. E. Fitch
Mrs. M. Jameson
Mrs. M. L. Wiggans, J.P.

SCHOOL HEALTH SERVICE STAFF

Medical Officers

V. S. PARKER, *V.R.D.*, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H., Principal School Medical Officer.
J. J. C. WALKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., Deputy Principal School Medical Officer.
.. B. PETERS, M.B., B.S., Senior School Medical Officer.
.. D. WILLIAMS, T.D., M.R.C.S., L.R.C.P., L.M.S.S.A., D.P.H., School Medical Officer to 30/6/67.
IARY C. PRICE, M.B., Ch.B., C.P.H., School Medical Officer.
A. B. COWAN, L.R.C.P., L.R.C.S., School Medical Officer (Part-time) to 30/11/67.
E. H. OSBORN-SMITH, M.B., B.S., M.R.C.S., L.R.C.P., L.M.S.S.A., D.P.H., Diploma in Audiology, Medical Officer (Audiology).
. A. CHOLMELEY, F.R.C.S., Orthopaedic Surgeon.
D. ST. CLAIR ROBERTS, M.A., B.M., B.Ch., F.R.C.S., Ophthalmic Surgeon.
M. A. AHMAD, M.B., B.S., D.O., Ophthalmologist to 9/8/67.
P. JENNER, L.R.C.P.I.&L.M., L.R.C.S.I.&L.M., D.O.M.S., D.O., Ophthalmologist from 3/10/67.
N. R. W. SPACEK, M.B., D.A., F.F.A.R.C.S., Anaesthetist.
M. D. A. HELLER, M.B., M.R.C.P., D.P.M., Consultant Psychiatrist.

Dental Officers

W. H. GARLAND, B.D.S., U.Lond., L.D.S.R.C.S., Principal School Dental Officer.
PAULINE OSIS, D.D.D., School Dental Officer.
R. H. THOSEBY, L.D.S.R.C.S., School Dental Officer.
IRMA DROTH, L.D.S.R.C.S., School Dental Officer.
L. G. MOREY, L.D.S.R.C.S., D.D.S., School Dental Officer (Part-time).
FRANCES KIRK, B.D.S. (Lond.), School Dental Officer (Part-time) from 6/2/67.
F. C. SHENTON, L.D.S.V.U. (Manc.), D.Orth.R.C.S. (Eng.), Consultant Orthodontist.

Child Guidance Clinic

Miss D. HAMMOND, B.S., Dip.Ed., A.B.Ps.S., Senior Psychologist to 31/5/67.
Mrs. J. ALLAN, B.A., Psychologist (Part-time).
Mr. J. FOSTER, M.A., M.Ed., A.B.Ps.S., F.S.S., from 1/9/67 Senior Psychologist.
Miss G. M. LAWLOR, A.A.P.S.W., Psychiatric Social Worker.
Mrs. P. PARKES, Secretary-Receptionist.

Speech Clinic

Miss S. A. BARNARD, L.C.S.T., Senior Speech Therapist to 14/1/67.
Miss R. WOODWARD, L.C.S.T.
Miss R. MOORCROFT, L.C.S.T. to 28/8/67.
Mrs. C. McINTYRE, L.C.S.T., Senior Speech Therapist from 3/7/67.
Miss J. STAVENHAGEN, L.C.S.T., from 6/11/67.

Orthopaedic Clinic

Mr. G. H. G. CALVER, M.C.S.P., S.R.P., Senior Physiotherapist.
Mrs. E. HILLABY, M.C.S.P., S.R.P.

School Nursing Staff

Miss A. WEBBER*† Superintendent School Nurse
Miss F. DAVIDSON School Nurse (Audiology)
Miss A. ORRIDGE*
Miss J. LEACH*
Miss F. HOLLANDS
Miss C. E. ROBERTS*
Mrs. M. C. WALKER
Mrs. I. HAMMERSLEY
Miss I. RICHMOND
Miss T. JOHNSTON
Mrs. D. I. MURPHY from 1/2/67

* Health Visitors' Certificate
† Parentcraft Teachers' Certificate

Dental Hygienist

Mrs. J. KROLICK, Certificate of Proficiency in Oral Hygiene (Part-time).

Dental Surgery Assistants

Mr. F. WRIGHT, Dental Clerical Assistant.
Miss L. DAVEY, Dental Surgery Assistant.
Mrs. I. ROUTLEDGE, Dental Surgery Assistant.
Miss L. HOLDEN, Dental Surgery Assistant.
Mrs. A. WINDHAM, Dental Surgery Assistant (Part-time).
Mrs. D. MASON, Dental Surgery Assistant (Part-time).
Mrs. V. DUCKETT, Dental Surgery Assistant (Part-time) from 9/10/67.

Clerical Staff

Miss D. R. Seymour, D.M.A., Senior Clerk
Mrs. M. Bird
Mrs. J. Colin to 18/3/67
Miss G. Jackson
Miss E. Cheshire
Miss J. Reason to 28/10/67
Miss D. Peskett from 17/4/67
Miss P. Hodgkinson from 30/10/67

Section A

COMMENTS ON THE SCHOOL HEALTH SERVICE 1967

by Dr. L. B. Peters, Senior School Medical Officer

My first duty is to report the death of one of the medical officers of the school health service in Brighton, Dr. L. D. Williams.

Dr. Williams came to Brighton in 1948 and in his some 20 years' service proved a pillar of strength and was able to get through a vast amount of routine work as well as taking his share of the more special types of cases. Indeed, it was often said when we had a particular difficulty "Send Dr. Williams". He usually managed to come back with a workable answer. His cheerful manner made him popular with parents and children alike but with this went, surprisingly, at times a great sense of fastidiousness. He hated to be off work and we sadly miss him.

The work of the school health service in all its respects is set out in the individual comments of medical officers and other members of staff. I would perhaps specially pinpoint the speech therapists' report which indicates a new approach in that a more thorough basic assessment is now possible in the light of new techniques which can be invoked.

The less popular aspect of our work involving head infestation as usual means a great deal of work for our school nurses. This situation has, however, shown improvement but requires constant vigilance. All efforts include the basic inculcation into the minds of parents their basic responsibility for their children's cleanliness.

Boxing in schools tends to be a subject for strong differences of view as in boxing where adults are concerned. My own feeling, a personal one, is that it does more good than harm, provided that strict control is insisted upon. The medical aspect of this control is, of course, the most important of all. It is essential that boys should not be allowed to even start training where there is a medical condition such as a murmur heart condition or a history of epileptic fits. These boys are often keen and it is a heartbreaking experience to be turned down on the day one is due to box for the school.

The Audiology department continues to flourish and it is hoped to appoint an Audiometrician in the next year to increase the effectiveness of the work. Elsewhere will be found a detailed description of the work done.

Dr. Mary Price, School Medical Officer, reports:

"This past year has been a pretty grim one for infections. The measles epidemic was a very nasty protracted business. It went on for so many months and it left children much debilitated for a very long time after the acute illness.

Then in the autumn, despite the wonderful summer of sunshine, a series of cold infections with throat involvement swept through the schools—particularly Infant Schools—one district following another. Then followed in October an epidemic of Tracheitis, which was also long and debilitating. Then in December an epidemic of Influenza began, which played havoc with school attendance for the last fortnight of the winter term and took up the whole of the Christmas holiday.

So, on the whole, attendances at school medicals have been poor and children had a good deal to contend with—and so had the mothers. However, I think that with the resilience which is characteristic of children, they will soon pick up now and will look forward to a better year in 1968."

Section B

THE WORK OF THE SCHOOL HEALTH SERVICE 1967

I. HANDICAPPED PUPILS

I append a table showing the disposition by handicap and educationa placement of the pupils ascertained as handicapped pupils under the Educatio Act 1944, including those who were deemed ineducable under Sec. 57 (4) o the Act.

Ascertainment and placement of handicapped pupils during 1967

Handicap	*No. ascertained*	*Number placed and school*
Educationally sub-normal ...	32 day	31—Woodside Day Special
		1—Downs Day Special, Portslade
	4 boarding	1—St. John's, Brighton
		1—St. Joseph's, Cranleigh
		2—Netherfield, Cranborough
Maladjusted	12	6—Tylney Hall, Basingstoke
		1—Caldecott, Ashford
		1—Farney Close, Bolney
		1—Horncastle, East Grinstead
		1—Pitt House Junior, Torquay
		1—Pitt House Senior, Torquay
		1—St. Michael's, Uckfield
Epileptic	1	2—Lingfield Hospital School, Surre
Blind	1	1—Royal London Society School, Sevenoak
Deaf	2	2—Hamilton Lodge, Brighton
Partially hearing	4	5—Ovingdean Hall, Brighton
Physically handicapped ...	1	1—Warlies, Chelmsford
Delicate...	2	3—St. Dominics, Godalming
		1—Port Regis, Broadstairs

In addition 12 physically handicapped children were placed at Patcham House Centre fo Physically Handicapped Children (including 5 from other authorities' areas) and 10 childre handicapped in various ways received home tuition during the year.
15 children were found to be unsuitable for education at school by reason of disability o mind.

(*i*) *Children deemed Educationally Sub-normal*

A total of 36 children were ascertained as educationally sub-normal.

I am indebted to Mr. W. C. Almond for the following report of the Woodsid Special School of which he is Head teacher:

"The transition from school to work at the age of sixteen is very ofte difficult for the normal child. How then must the educationally sub-norma child, with a mental age of ten, feel when he is about to leave?

At Woodside we try to bridge this gap in all manner of ways—the way very often being different with individual children. During the final year talks about employment are given by the Headmaster and also the teachers concerned with the top classes. Films and film strips are used to illustrate talks on the different kinds of work that the E.S.N. child can do. By far the greatest influence which affects the child is the informal talk at the dinner table. It is very often here that one learns the secret ambition of the child—he talks more freely and has no inhibitions. What does one say to the boy who wants to become a dentist—'because I like hurting people Sir', or to the overweight boy who wants to become a jockey? It is here that very careful wording must be used.

The careers conferences held at school have proved invaluable in all ways as also have the educational visits paid to local firms.

While one gets despondent at times with the Selective Employment Tax, and other taxes which must affect the employment of E.S.N. children, one nevertheless gets enormous pleasure from visits of old pupils who have found their niche in life. Our greatest success during this term was to learn that one of our old boys was now in the Coldstream Guards—'We may now lie safely abed'.

During the year two ex-pupils passed their driving test at the first try—there must be a moral in this somewhere!"

31 children were admitted during the year. 34 left as follows:

School leaving age	25
Moved to another district	4
Transferred to residential special schools	2
Transferred to ordinary school	1
Committed to approved school	2

(*ii*) *Children deemed Blind and Partially Sighted*

Mr. D. St. Clair Roberts, Consultant Ophthalmic Surgeon reports on the work of the Ophthalmic Clinics:

"An uneventful year so far as the Eye Clinic is concerned. Every effort is being made to reduce the excessive backlog of children awaiting examination. These are mainly re-examinations of children previously seen in the clinic. The South Eastern Metropolitan Regional Hospital Board has provided additional sessions on a temporary basis which have been of great assistance. Further help is under active discussion."

(*iii*) *Children deemed Deaf and Partially Deaf*

I am indebted to Dr. E. H. Osborn-Smith (Medical Officer Audiology) for the following report:

"There is now a fully equipped diagnostic clinic at Sussex Street and a Partially Hearing Unit at Bevendean Junior School. It is anticipated that a second Unit will be opened at Bevendean Infants' School in 1968 and on this account, another teacher of the deaf has been appointed for full-time duties as from January 1968.

In-service training has been given to six more health visitors for the performance of screening tests of hearing on babies and another school nurse has received training for pure tone screening and threshold tests of hearing in schools.

SCREENING TESTS OF HEARING

The early detection of deafness can only be ensured by screening tests of hearing on groups of infants and children selected on the basis of age or "at risk" criteria. In the absence of such arrangements, even severe deafness may remain unsuspected, untreated or misinterpreted for many years.

(*a*) *Infants*

Every health visitor in Brighton performs a screening test of hearing on all babies under her supervision. This year 1,600 infants received such a test and seven were subsequently referred to the Diagnostic Clinic for more detailed investigation. Two of these babies were deaf. One, aged 13 months, has a moderate bilateral impairment and the other, less than 6 months old, was severely deaf. After referral to an otologist at the Sussex Throat and Ear Hospital, both have been issued with a hearing aid and the Audiology Service is providing regular parent guidance and auditory training by home visits from a teacher of the deaf.

(*b*) *School children*

A second screening test of hearing is performed on school entrants and where time permits, on a few groups of older children. Each ear is tested separately with pure tones of 1, 2, 3, 4, 6 and 8 kilocycles at an intensity of 20 decibels. Of 3,283 children who participated, 2,470 (75.2%) detected all the tones and so passed the test. 540 children (16.8%) responded to most of the tones and had

only a slight impairment whereas 273 (8%) were regarded as significant failure requiring a period of observation or more detailed investigation. It is of interest that the highest failure rate of 16.2% was recorded in an infant school (June 1967); the lowest rate of 4.6% in a junior school (February 1967) and a failure rate of 8.1% in a secondary modern school (November 1967).

FULL HEARING ASSESSMENT

This is a sequel to failure of a screening test or direct referral from the school health and infant welfare services. Requests also arise from general practitioners and consultants at the Royal Alexandra Hospital for Sick Children or the Sussex Throat and Ear Hospital.

During the year 2,784 children attended the department for investigation: 1,839 had defective hearing and 53 were referred to the Sussex Throat and Ear Hospital with the following outcome:

Admitted for surgical treatment	19
Listed for operation	4
Issued with a Medresco Hearing Aid	8
Medical treatment prescribed	4
No active treatment	13
Failed to attend a hospital appointment...	3
Hospital report pending	2

The type of deafness was conductive in 33, perceptive in 15, mixed conductive and perceptive in 4 and one child had a functional defect. She was eleven years of age and audiometry initially suggested a severe impairment of 80-100 decibels affecting both ears. This was not in accord with her normal speaking voice and her later responses to pure tone and speech tests excluded any significant defect. Questioning revealed that she was friendly with a pupil at the Partially Hearing Unit and was keen to wear a hearing aid.

EDUCATIONAL PLACEMENT

Brighton is extremely fortunate to have within its boundaries an independent school for the deaf, an independent school for the partially deaf and a Partially Hearing Unit attached to an ordinary school. Theoretically therefore, all degrees of hearing defect are catered for. However there are still problems of educational placement such as the older child with normal language skills but a severe acquired deafness due to meningitis, or the child with the dual handicap of deafness and mental subnormality or psychological disorder.

In considering the education of the young deaf child, a decision about nursery placement is necessary at the age of two or three years. It is however difficult to obtain a precise measure of the hearing defect in babies and toddlers, or to foresee what this will mean in terms of ability to acquire speech and language. The child's ultimate attainments will depend on so many factors other than the apparent hearing defect as indicated by a pure tone audiogram. It is generally agreed that the final prognosis is favourably influenced by early diagnosis, early and adequate auditory training with parent guidance and giving the child full opportunity to acquire language skills by daily contact with normally communicating children of similar age.

The present policy in Brighton is therefore to place the deaf toddler initially in an ordinary nursery class. Progress is supervised by frequent visits from a teacher of the deaf who can also advise the nursery teacher on the inevitable problems that arise. After a therapeutic trial period of six months to a year or more, the child's linguistic progress (or lack of it) may indicate whether there is a need for education as a deaf pupil with little or no naturally acquired speech or language; or as a partially hearing pupil whose development of speech and language even if retarded, is following a normal pattern.

At the end of 1967 there were 27 children in Brighton receiving special educational treatment on account of deafness. They were distributed as follows:

Hamilton Lodge School for the Deaf ... ... (New admissions 2)	9
Ovingdean Hall School for the Partially Deaf ... ... (New admissions 2)	7
Mary Hare Grammar School	2
Bevendean Partially Hearing Unit ... ... (New admissions 5)	9

There were also 29 children with hearing aids attending ordinary school."

I am further indebted to Mr. T. G. Ruggles, Teacher-in-Charge, Bevendean Partially Hearing Unit, for the following report on the year's work:

"The Partially Hearing Unit at Bevendean continues to provide specialist help for hearing—impaired children in a variety of ways. The Infant and Junior departments of Bevendean School accept children of primary age where full-time access to the Unit and more frequent assistance from a teacher of the deaf are deemed necessary. Such children may enter the nursery/infant department at 5 years or, if necessary, be transferred to Bevendean from other schools in the area. At present eleven children are attending the Partially Hearing Unit, seven infants and four juniors. Additionally, a child may attend the Unit on a part-time basis, perhaps for one or two half-days per week, when transfer to the Unit is not warranted but peripatetic help is in itself insufficient. This course has proved most beneficial to one Junior boy during his year prior to secondary transfer.

Peripatetic duties continue to expand, embracing work in the following categories:

1. Auditory training with pre-school children.
2. Parent guidance and supervision of speech training equipment within the home.
3. Auditory training of hearing impaired children attending ordinary schools.
4. Assessment of school progress and communication development of children referred from the Audiology Clinic.
5. Surveillance and guidance of children receiving special education for handicaps additional to hearing impairment.

During the past year three children have taken their place in normal classes at secondary schools after full or part-time attendance at the Bevendean Unit. All three have made the transfer with no significant problems of integration presenting themselves. Their progress is under constant surveillance by a teacher of the deaf.

The success of any Partially Hearing Unit is dependent upon opportunity for the children to integrate in the ordinary classes and the normal day-to-day activities of the school as a whole. Consequently we are indebted to the head teachers and the staff of the Bevendean Infant and Junior Schools for their co-operation and interest at all times. Similarly, thanks are due to the head teachers and staff of schools visited by peripatetic teachers for the help and facilities afforded there.

It is our policy to encourage constant liaison between the parents of partially hearing children and their teachers. This is realised through home visits, an open invitation for the parents to visit the Unit and close links with the local branch of the National Deaf Children's Society.

Whilst the Unit and staff are primarily concerned with the education of school-age children, the resources are available to other exceptional cases. Recently a school-leaver about to enter University became profoundly deaf just prior to his admission to the University. It was possible to arrange a course of lip-reading tuition and to supplement this with auditory training with such success that the young man has now taken his place in the Department of Mineral Sciences at Leeds University. Reports upon his progress have been most satisfactory.

We have recently acquired the services of a further full-time teacher of th deaf, thus making the strength of the teaching staff the equivalent of thre full-time teachers. This has enabled us to devote one teacher to each of th infant and junior groups attending the Unit and one to peripatetic duties. W now look forward to the provision of a second teaching unit, to be situated in th Infant Department of Bevendean School. This will enable us to increas admission numbers and offer even better facilities for pre-school training guidance and nursery assessment prior to a decision concerning educationa placement."

(*iv*) *Children deemed Delicate*

2 children were ascertained as delicate and were administratively dealt wit accordingly. Placement was found for 4 such children during the year.

(*v*) *Children deemed Maladjusted*

12 children were represented as maladjusted during 1967; placement wa found for 12 such ascertained children during the period.

Dr. M. D. A. Heller, Consultant Psychiatrist reports on the work of the Chil Guidance Clinic:

"Staff changes included the appointment of a Senior Educational Psycholo gist, Mr. J. M. Foster, to replace Miss D. Hammond who retired during the yea Mrs. C. Kedward joined the staff as second Psychiatric Social Worker (part time). The Regional Hospital Board allocated two additional consultan sessions in psychiatry for the Clinic which, at present, are being filled on locum basis by the Medical Director. From October, with the approval of th Principal School Medical Officer and the Director of Education, a traine placement for students from Sussex University working for the post-graduat Diploma in Social Work has been provided.

The additional consultant sessions to some slight extent eased the situatio for a while but the waiting list started to mount again during the latter part o the year and on 31st December stood at 97. Total referrals to the Clinic durin the year were 171 as compared with 137 in 1966. The extra time provided ha enabled Court cases to be seen and also has provided the opportunity fo additional time to be spent by the Clinic staff discussing mutual problems.

The demand for the Clinic's services thus continues seriously to exceed th facilities which can be provided with the existing staff establishment but clos co-operation with Children's Department, family doctors, the Health Depart ment, Probation Services and schools has been maintained."

Child Guidance Treatment (1/1/67 - 31/12/67):

Number of cases referred	171
Sources of referrals:	
Senior School Medical Officer	42
Children's Officer	18
Probation Officer	1
Juvenile Court	5
Health Visitors	7
General Practitioners	28
Educational Psychologists	20
Transferred in: hospitals	10
Transferred in: other CGCs	4
Schools	18
Parents	11
N.S.P.C.C.	2
Mental Health Dept	2
Other Consultants	3
Number of children seen by psychiatrist	185
New cases	79
Follow-up cases	106
Number of cases closed	117
Total number of attendances	1237
Dr. Heller	497
Miss G. M. Lawlor	589
Mrs. C. Kedward	125
Student	26

vi) Other Categories of Handicap

Apart from the above, certain other children were found to be suffering from defects sufficiently serious in degree to warrant special education. These were divided as follows:

(a)	Epileptic	1
(b)	Physically handicapped	1
(c)	Delicate	2

Dr. A. Cowan reports on the Patcham House Centre for Physically Handicapped Children:

"There are now 29 children attending Patcham House, 23 of these are from Brighton, 5 from East Sussex, and 1 from West Sussex. We are hoping, with the increase in numbers, that we will have extra staff and extra room to enable the smaller children to have their lessons without interruption which does occur at the moment as the same room is used for physiotherapy treatment and medicals.

Three pupils left Patcham House during the year. Two returned to normal schools and one went to work at Chailey Heritage."

(vii) Handicapped Young Persons—The Youth Employment Bureau

I am indebted to Mr. R. G. Gould, Youth Employment Officer, for the following Report on the activities of the bureau during 1967:

"Careful attention is given in advising handicapped school leavers about employment possibilities and vocational training. All school leavers at Woodside School, Ovingdean Hall School for the Partially Deaf and Hamilton Lodge School for Deaf Children, are interviewed by the Senior Youth Employment Officer. In addition there are a number of pupils at Grammar, Technical and Modern Schools who have various physical handicaps ranging from some that are very severe and places marked limitations on employment possibilities, to those which are relatively slight, but nevertheless, still restrict employment opportunities in certain ways. These few notes are concerned primarily with those pupils who have been educated in special schools or who have been educated in other schools but have some serious physical handicap.

During the year 54 handicapped boys and 34 handicapped girls who were due to leave school were interviewed. Pupils from the Schools for the Deaf and the Partially Deaf were interviewed during the Autumn Term. As most of these pupils are residential the record of their interview was sent to the home Bureaux so that they could be interviewed during the Christmas holidays, and follow-up interviews took place in Brighton during the Spring Term. By this means it is hoped to smooth the passage from school to employment of these pupils. At Woodside School the Case Conference procedure was continued. By deliberate policy, many pupils were seen at the Bureau rather than at school, to give them added valuable experience.

The following table shows the main disabilities of the 88 pupils interviewed. (Figures in brackets indicate pupils resident outside Brighton.)

Disability	*Boys*	*Girls*
E.S.N.	14	11
Deaf	12 (11)	6 (6)
Partially Deaf	15 (14)	7 (6)
Asthmatic...	1	—
Delicate	2	2
Partially Sighted...	3	1
Epileptic	1	1
Maladjusted	5	4
Physically Handicapped...	1	2
	54 (25)	34 (12)

The follow-up of these school leavers indicates that about a quarter ar receiving continued education or training.

	Boys	*Girls*
Placed in first employment	29	26
Found first employment...	5	3
Continued education or training ...	16	3
No information available	1	2

Those being trained include occupations such as floristry, domestic studies printing and commerce. Of the pupils resident in Brighton two girls and three boys from Woodside School, one asthmatic boy and one delicate boy were recommended to continue education or undergo training.

A follow-up in employment of 20 handicapped boys and 21 girls resident in Brighton is as follows:

					No. of jobs					
	No.		*Registered D.P. Acts*		*one*		*two*		*three or mor*	
Disability	*B*	*G*	*B*	*G*	*B*	*G*	*B*	*G*	*B*	*G*
E.S.N.	9	10	—	—	3	7	5	1	1	:
Partially Deaf	—	1	—	—	—	1	—	—	—	—
Asthmatic	1	—	—	—	1	—	—	—	—	—
Delicate...	1	2	—	—	1	—	—	2	—	—
Partially Sighted ...	3	1	1	—	3	1	—	—	—	—
Epileptic	—	1	—	—	—	—	—	1	—	—
Maladjusted	5	4	—	—	3	2	1	2	1	—
Physically Handicapped	1	2	—	1	1	2	—	—	—	—
	20	21	1	1	12	13	6	6	2	:

Once more the problem of the mentally handicapped in settling into employment is emphasised but it is encouraging to note that seven E.S.N. girls were still in their first jobs. One of the boys and two of the girls from Woodside School are now undergoing training at the Industrial Training Centre.

During the year applications for Registration as Disabled Persons have been made by three boys and four girls. On 31st December 1967, there were two boys and six girls Registered in Brighton and all of these were in employment."

II. HEALTH EDUCATION IN SCHOOLS

The programme carried out is similar to that of 1966. No refusals from parents for their children's inclusion in the class talks. Forty minute teaching periods were as follows:

Health Education	81
Child Care	349
Other lectures, examinations etc.	38

III. THE SCHOOL DENTAL SERVICE

Mr. W. H. Garland, the Principal School Dental Officer, reports as follows for the year's activities of his Department:

Staffing

In February we welcomed Mrs. Frances Kirk, B.D.S., as a part-time dental officer. The professional staff now consists of the principal school dental officer, three full-time dental officers and two part-time dental officers (each doing two sessions a week). Dr. Spacek, Consultant Anaesthetist, attends for one session a week, and Mr. F. Shenton, Orthodontic Consultant, attends for one session a month.

I am pleased to report that there have been no resignations of dental surgery assistants and the employment of part-time dental surgery assistants has been a success. This is the first report for several years which is able to state that the dental nursing staff remained unchanged. The employment of an additional

part-time school dental officer made it necessary to increase the nursing staff and another part-time dental nurse was engaged in October. The dental surgery assistants now employed are equivalent to four and a half full-time nurses. The dental department also has the valuable services of Mr. F. Wright as dental clerical assistant.

Equipment

The phased replacement of obsolete pre-war equipment continued and two more surgeries at Sussex Street were completely modernised. Only one of the four surgeries at Sussex Street now remains to be completely modernised. One is pleased to note the speed and ease with which the dental officers have adjusted themselves to the new requipment. Dental officers and patients have readily realised its advantages during dental treatment.

The School Dental Service

The improvement in the dental health of Brighton schoolchildren to which I drew attention in my report for 1966 has been maintained and of the schoolchildren dentally examined during the year 58% were considered to require treatment. The benefits of regular inspection and treatment were again shown by the fact that of those children re-examined during the year only 47% required attention. An analysis of the work done by the School Dental Service over the year shows increases in conservative work, the number of children treated, and the number of courses of treatment completed. In addition the welcome decrease in numbers of emergencies all points to better dental health for our schoolchildren. The increase in extractions and general anaesthetics is not due to dental decay, but is due to increased numbers of teeth extracted for orthodontic purposes.

I have to draw attention, as in previous reports, to the number of "not kept" appointments without any prior warning. Throughout the year this has averaged two appointments not kept for every treatment session a dental officer has worked. Although methods are used whereby these missed appointments do not result in a large wastage of the dental officer's time, the position is far from satisfactory. A large proportion of the number of emergency treatments come from children who have missed an appointment, and the next time we see them it is because they are in pain and immediate treatment is demanded. Regular dental inspection and treatment is essential to good dental health and the dental department does all it can to see that this is carried out, but the fundamental responsibility for seeing the child attends the dental clinic remains with the parent.

The orthodontic service of the department has had another good year under the guidance of Mr. Shenton. Apart from the statistics given at the end of this report, 131 children received an orthodontic opinion during the year, and 223 permanent teeth and 182 temporary teeth were extracted to relieve overcrowding. 32 patients completed their treatment by extraction only and 782 attendances were made for orthodontic treatment.

Dental Health Education

Mrs. J. Krolick continued her excellent work in the schools by giving talks, demonstrations and instruction in oral hygiene to over 12,000 children. I think it is time to say that all children in maintained schools in Brighton are familiar with essentials of dental health, but as with all health education there is a vast difference between KNOWING and PUTTING IT INTO PRACTICE.

With the active co-operation of Miss Boait, Headmistress of Carlton Hill Infants' School, Mrs. Krolick arranged a successful demonstration and talk to parents collecting their children from school. A film and talk was given to the children, who then collected an apple, followed by a talk to the parents. This

provided a useful means of "getting the message" to parents and we hope i may be repeated at other schools in the Authority.

The dental department still continued to seek the co-operation of Head teachers in stopping the selling of cariogenic foods in school tuck shops and have to thank Dr. Stone the Director of Education for his help in this matter by including in his monthly newsletter to Headteachers advice against the selling of sweetstuffs in school tuck shops.

The dental department would like to thank all Headteachers and their staff for their help and co-operation with school dental inspections and our Dental Health Education programme.

Attendances and Treatment

	Ages 5 *to* 9	*Ages* 10 *to* 14	*Ages* 15 *and over*	*Total*
First visit	1,973	1,306	220	3,499
Subsequent visits	4,072	3,007	363	7,442
Total visits	6,045	4,313	583	10,941
Additional courses of treatment commenced	457	317	41	815
Fillings in permanent teeth ...	1,822	2,644	441	4,907
Fillings in deciduous teeth ...	3,006	301	—	3,307
Permanent teeth filled ...	1,461	2,407	409	4,277
Deciduous teeth filled... ...	2,814	277	—	3,091
Permanent teeth extracted ...	84	284	51	419
Deciduous teeth extracted ...	1,154	454	—	1,608
General anaesthetics	431	115	12	558
Emergencies	221	88	7	316

Number of Pupils X-rayed	77
Prophylaxis	166
Teeth otherwise conserved	455
Number of teeth root filled	6
Inlays	—
Crowns	—
Courses of treatment completed ...	3,495

Orthodontics

Cases remaining from previous year ...	53
New cases commenced during year ...	42
Cases completed during year	34
Cases discontinued during year... ...	16
No. of removable appliances fitted ...	44
No. of fixed appliances fitted	—
Pupils referred to Hospital Consultant...	5

Prosthetics

	Ages 5 to 9	*Ages 10 to 14*	*Ages 15 and over*	*Total*
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time) ...	—	3	3	6
Number of dentures supplied...	—	4	3	7

Anaesthetics

General Anaesthetics administered by Dental Officers...	—

Inspections

(a) First inspection at school. Number of Pupils	16,512
(b) First inspection at clinic. Number of Pupils	2,454
Number of (a) + (b) found to require treatment	11,017
Number of (a) + (b) offered treatment	10,494
(c) Pupils re-inspected at school or clinic	3,861
Number of (c) found to require treatment	1,828

Sessions

Sessions devoted to treatment	1,500.5
Sessions devoted to inspection	121
Sessions devoted to Dental Health Education	144

IV. THE SCHOOL NURSING SERVICE

Miss A. Webber, Superintendent School Nurse, reports on the School Nursing Service in 1967:

Steady improvement in the numbers and degree of head infestations maintained. Still a considerable amount of the School Nurses' time is spent in constant supervision and carrying out preventive treatment of the "doubtfuls". In the Moulsecoomb area the number of infestations appear to be high. Of the total number 206, *one* problem family accounted for 116 of these instances of infestation. There is still some difficulty in getting adult members of the families concerned to attend for inspection and treatment. In the Whitehawk area where the problem is now under control, troublesome families are co-operating well with Headteachers and School Nurses responsible for their welfare. Weekly inspection in the E.S.N. School is continued, and now very few children are found to be infested.

V. SPEECH THERAPY

The Senior Speech Therapist, Miss Barnard, resigned her post in mid-January and Mrs. McIntyre was appointed Senior Speech Therapist in July. Miss Moorcroft resigned in August and Miss Stavenhagen was appointed in Novem-

ber. Her new colleagues would like to record their thanks to Miss Woodward who, by placing her considerable knowledge of clinic administration freely at their disposal, has done much to ensure that these staff changes have been accomplished without loss of efficiency.

The Senior Speech Therapist has resumed the practice of school visiting initiated by Miss Barnard, and hopes to be able to go to all Nursery and Primary Schools in Brighton at least once every year.

In October Mrs. McIntyre attended a course in Chester organised by the Northern Area of the College of Speech Therapists on Linguistics and Programmed Learning. This was both useful and stimulating as it introduced new concepts relevant to the treatment of young speech defective children, whose use of spoken language is often very limited.

Four standardised tests have now been acquired and these greatly facilitate assessment and diagnosis. They relate to articulation attainment, comprehension of spoken language and vocabulary and the child's use of language, both as to grammatical maturity and efficiency of conveying information.

These, with other testing techniques that we have devised, have led to a complete revision of our case history cards. More time will be spent on investigation, but the results in terms of greater knowledge acquired, and more efficient planning of treatment should be fully compensatory.

Treatment has been maintained at all centres as in previous years. The Senior Speech Therapist visits the Coldean Training Centre in an advisory capacity only. A survey of speech and language attainments throughout the centre has been completed and there have been useful discussions with the Organiser as to the best way of ensuring that the Speech Therapy Service can be of assistance. It is hoped to develop this work in a way that can more usefully be commented upon in our further reports.

At present children placed on the waiting list can be admitted for treatment within two months.

	1967	1966
Number of children seen	523	565
Number of new patients...	131	175
Total number of attendances	4209	5992
Number on waiting list	37	37
Number discharged	178	193
Discharged cured	127	129
Own discharge (ceased attending or treatment refused)...	20	26
Left district or school	27	35
Transferred to another department	—	3
N.A.D.	3	—
Died	1	—
Types of cases seen during the year:		
Dyslalia	284	285
Sigmatism	131	156
Stammer	67	78
Cleft palate, nasal speech	13	12
Other defects	28	34
Weekly branch clinics:		
Balfour C.P. School...	25	34
Bevendean C.P. School	16	27
Carden C.P. School...	58	74
Moulsecoomb C.P. School	32	68
Whitehawk C.P. School	78	71
Woodingdean C.P. School	67	66
Woodside E.S.N. School	77	98
Patcham House Special Class	53	106x½
Downsview Training Centre	7	5

VI. THE WORK OF THE ORTHOPAEDIC DEPARTMENT

Mr. J. A. Cholmeley, Consultant Orthopaedic Surgeon, reports on the work of the Orthopaedic Department:

Early in the year, the assistant physiotherapist was able to attend a course on the treatment and management of Cerebral Palsy at the Spastic Children's Centre, Cheyne Walk, Chelsea. The advice and information given by this course has proved most helpful.

The routine work of the Clinic has been of the same nature as in previous years. The number of treatments carried out during the year at Patcham House Class has increased. This is due to the fact that more children requiring treatment now attend the class. Their disabilities are varied and some are quite severe. It is hoped that in the near future better accommodation will be available for the treatment of these children.

Swimming sessions have continued during the year at St. Luke's Swimming Baths; these have been most useful and rewarding both for the children and the staff. Thanks are due to the Bath Superintendent and the other helpers for their assistance.

The ante-natal relaxation classes have been held at the Clinic during the year. These are organised by the Clinic for the Maternity Services.

VII. THE SCHOOL MEALS SERVICE

The number of children receiving mid-day dinners and milk at maintained schools on selected days was:

Date	*No. of dinners*	*⅓ pints milk*	*No. of children at school*	*% of children having dinners*
September 1966	13,212	16,552	20,042	65.92
September 1967	13,331	17,184	20,155	66.14

The number of children receiving milk at non-maintained schools in September 1967 was 3,237 (4,067 children in school) compared with 2,844 and 3,531 respectively in September 1966.

The total number of school meals served during 1966/67 was 2,596,475 compared with 2,579,538 during 1965/66.

In December 1967 meals were cooked at 35 Brighton Schools and one Central Kitchen.

VIII. ROAD SAFETY—1967

I am indebted to the Road Safety Organiser, Mr. A. D. Ward, for the following report:

"Once again, at the end of another year, we take a critical look at the road casualty figures to find out if the position is better or worse than the previous year, or indeed if the tide is at least being stemmed.

I am pleased to report for the second year running that Brighton casualty figures showed a substantial reduction on the previous year. The number of fatal accidents was the lowest since 1959. Serious injuries were the lowest since 1961 and the total casualties the lowest since 1963.

The national figures also showed a big reduction in deaths and injuries and were the best since 1963 and 5.1 per cent fewer than in 1966.

Before we get too complacent about the improvement, let us remember that 20 people are still being killed *every day*. Nearly 1,000 are also injured every 24 hours.

One hopes however that the downward trend in accident figures may continue but the fact remains that road traffic has become one of our great social and economic problems to which no satisfactory solution has yet been found.

Our hospital services are particularly concerned with the high number of deaths and serious injuries resulting from road accidents. It has been established that over half the number of road deaths occur before reaching hospital or within a few hours of the accident and although 11 out of 12 seriously injured people who reach hospital do survive, many are permanently and gravely disabled. The estimated cost of medical treatment and loss of output through road accidents last year was £54 millions.

The reasons why accidents happen are often obscure but it is clear they result from three factors—the road, the vehicle and the person. These factors and their many additional side issues can be permutated to produce a large number of causes, all of which require a somewhat different remedy. This is why the whole question of road safety is so complex and frustrating, requiring an endless application of research, publicity, training, education, traffic control and road engineering.

At the end of it all we have to count the cost. A great deal is spent each year by successive governments on roads to meet the colossal demands the increasing traffic makes for more miles of motorways and improvements to inadequate carriageways etc. It is estimated that road accidents in Gt. Britain last year cost the nation £232 millions. This is also a terrible price to pay for our mistakes as road users, and if the sum could be put towards constructive and useful road programmes it would provide a considerable contribution to our annual budget.

People say 'Ah well, there will always be accidents'. This is true of course but just as diseases can be prevented or even completely stopped by effective precautions, so can accidents be avoided by prudent foresight and obedience to the rules. If we would only take the trouble to do this, we would certainly provide a more efficient protection for ourselves and others using the roads."

ROAD ACCIDENTS TO SCHOOLCHILDREN

I append a table of road accidents involving Brighton schoolchildren in 1967 which the Road Safety Organiser has kindly made available.

Under 15 years	Killed	Seriously Injured	Slightly Injured	Total
January	—	3	2	5
February	—	2	2	4
March	—	7	3	10
April	—	3	10	13
May...	1	5	13	19
June	—	1	6	7
July...	—	3	12	15
August	—	2	10	12
September	—	—	6	6
October	—	3	10	13
November	1	2	5	8
December	—	4	7	11
TOTAL	2	35	86	123

IX. THE STUDENT HEALTH SERVICE

I again express my thanks to the Director of Education for making available the reports of the medical officers to the Education Departments and Colleges and in turn thank these doctors for their very valuable contribution.

(*a*) *College of Education*

Dr. L. J. Beynon, Medical Officer to the College reports:

Appended is an analysis of the Students who have consulted the College Medical Officer, either in the Health Centre at Falmer or the Medical Inspection Room at Percival Terrace, Brighton.

The two College Nurses see themselves, on average, three times the appended figures, on their own initiative and act as a very valuable and informed filtration mechanism.

Generally, the physical and psychological health of the Students has been very good and the co-operation with and apparent appreciation of the College Health Service has been very gratifying. There have been very few psychological crises within the College and excellent co-operation has been obtained from the psychiatrists at the Lady Chichester Hospital, with all urgent cases being individually seen under the Domiciliary Service. I do not think the time has yet come when more periodic psychiatric help need be made available to the Students, on a sessional basis. The College Medical Officer has been integrated into the teaching of some parts of the Health Education Syllabus of the Students and is most appreciative of this opportunity of closer contact with the teaching of this most important subject.

1967	*Falmer*	*Seafront*	*In-patients*
Spring Term...	355	53	57
Summer Term	496	111	60
Autumn Term	478	248	82
Totals	1329	412	199

(*b*) *Technical College*

Dr. S. Hacking, Medical Officer to the College reports:

The Technical College Medical Service has now been running for two years and has established itself as a normal part of college life.

Approximately two hundred students have been seen and advised, most of whom have been referred to their own doctors after interview. 63% of the consultations were with male students.

The general pattern is similar to that of last year, namely cases concerned with bodily ailments, mental stress, social problems and with First Aid.

I have noticed that many students have consulted me with problems part medical and part social, and I have been able, with the close co-operation of the Welfare Tutor, to alleviate their anxieties and resolve many of their problems. This year there has been a notable drop in the mental stress cases, from 7% to 2% and I feel this result is largely attributable to students coming to see me more readily, and often at an earlier stage in their trouble.

Last Summer Term the Medical Department took part in a "Safety Week", our contribution being a lecture/demonstration and film on "Artificial respiration".

I would like to thank the members of staff who have been most helpful, as this certainly contributes to the smooth running of the Service.

(*c*) *College of Technology*

Dr. H. Savery, the Medical Officer to the College reports:

Increasing use of the service has been made by the students during the second year of its existence.

During this time 292 students made 521 attendances.

The usual spectrum of illness and injury was seen and treated.

35 students were treated for psychiatric disorders.

4 were referred for specialist psychiatric advice.

5 students were treated for duodenal ulcer.

The intake of new students (including Sandwich Course students) amounted to 371. Of these only 103 registered with the College M.O. The majority of students register neither with the College M.O. nor with a local G.P. Registration of the students with the College M.O. would help them to identify with the Student Health Service in times of illness or stress.

(*d*) *Brighton College of Art*

Dr. P. W. Franks, Medical Officer to the College reports:

The College Medical Service has continued its expansion. There are now three sessions weekly at the College, and these are proving barely adequate for the needs.

Between 20 and 25 students were seen each week. Almost 40% were seen for psychiatric, emotional or adjustment difficulties.

3 students were referred to Hospital for Consultant Psychiatric opinion, one of whom was admitted.

10 students were referred to Hospital for physical disorders, 2 having operations as a consequence.

7 students were under continuous psychotherapy and seen every week or fortnight.

Very close links are maintained with the Principal, Vice-Principal and senior Staff. Regular meetings are held, and frank discussion is encouraged. The Tutorial system continues its invaluable role of picking out problems at the earliest stages, and many of the Staff availed themselves of the Service to help with difficult student problems.

More of the students are being seen in the ordinary National Health Surgeries, but this is not a good environment to discuss their problems. The facilities available at the College are being revised to expand the scope of the care offered to students.

Once again I would express my appreciation to the Principal, Vice-Principal and staff for the complete integration of the Service into the College and the tremendous interest and help that it is given. Without this close support much of its value would be negative.

It has become increasingly apparent that much greater efforts must be made to expand the Service to meet the ever growing need it fulfils.

Section C

STATISTICS

I—SCHOOL POPULATION

The estimated population of Brighton at mid-1967 was 162,160.

In December 1967 there were 20,699 on the registers of schools maintained by the Brighton Education Authority as detailed below.

In addition there were 431 Brighton pupils attending the Brighton, Hove and Sussex Grammar School which is jointly maintained by Brighton and East Sussex Education Authorities. Medical inspection and treatment is provided by East Sussex.

School	*No. on register*
SECONDARY GRAMMAR	
Varndean Grammar School for Boys	569
Varndean Grammar School for Girls	744
Westlain (Mixed) Grammar School	584
SECONDARY MODERN	
Dorothy Stringer (Mixed)	734
Elm Grove Girls	271
Fitzherbert R.C. Voluntary (Mixed)	428
Longhill C.S. (Mixed)	695
Margaret Hardy Girls	626
Moulsecoomb (Mixed)	449
Patcham/Fawcett Boys	600
Queen's Park (Mixed)	451
Stanmer (Mixed)	704
Whitehawk Boys	322
Whitehawk Girls	296
Secondary Technical School	280
COUNTY PRIMARY SCHOOLS	
Balfour Junior Mixed and Infants	561
Bevendean Junior Mixed	340
Bevendean Infants	247
Carden Junior Mixed	355
Carden Infants	283
Carlton Hill Infants	187
Coldean Junior Mixed and Infants	438
Coombe Road Junior Mixed and Infants	393
Downs Junior Mixed	399
Downs Infants	293
Elm Grove Junior Mixed	297
Elm Grove Infants	191
Fairlight Junior Mixed	241
Fairlight Infants	224
Hertford Road Junior Mixed and Infants	308
Middle Street Junior Mixed and Infants	260
Moulsecoomb Junior Mixed	627
Moulsecoomb Infants	396
Patcham Junior Mixed	328
Patcham Infants	209
Queen's Park Infants	159
Rudyard Kipling Junior Mixed	460
Rudyard Kipling Infants	280
St. Luke's Terrace Junior Mixed	429
St. Luke's Terrace Infants	201
Saltdean Junior Mixed and Infants	327
Stanford Road Junior Mixed	293

School	*No. on register*
Stanford Road Infants	185
Westdene Junior Mixed and Infants	370
Whitehawk Junior Mixed	501
Whitehawk Infants	405
Woodingdean Junior Mixed and Infants	595
VOLUNTARY PRIMARY SCHOOLS	
Rottingdean Junior Mixed and Infants	173
St. Bartholomew's Junior Mixed and Infants	120
St. John's Junior Mixed	120
St. John the Baptist Junior Mixed and Infants	330
St. Joseph's Junior Mixed and Infants	299
St. Mark's Junior Mixed and Infants	286
St. Martin's Junior Mixed and Infants	117
St. Mary's Junior Mixed	76
St. Mary Magdalen Junior Mixed and Infants	242
St. Paul's Junior Mixed and Infants	208
Day special school for E.S.N. children	193
	20,699

Attendance over the year at the schools listed, excluding the Brighton, Hov and Sussex Grammar School and the Day Special School, was 89.70%. (Con siderably affected by adverse weather conditions in December.)

In regard to the nursery schools there were at Tarner Land four full-time and 76 half-time pupils (total 42 full-time) and at White House 23 full-time and 3 part-time (total 42 full-time).

II—MEDICAL INSPECTION AND TREATMENT

Year ending 31st December, 1967

Medical inspections of pupils attending Maintained Primary and Secondary schools (including Nursery and Special schools).

A—Periodic Medical Inspections

Age groups Inspected	*No. of pupils Inspected*	*Physical Condition of Pupils Inspected*			
		SATISFACTORY		UNSATISFACTORY	
(1)	(2)	*No.* (3)	*% of Col. 2* (4)	*No.* (5)	*% of Col. 2* (6)
1963 and later	324	324	100.00	—	—
1962	1,096	1,094	99.82	2	0.18
1961	585	584	99.83	1	0.17
1960	184	183	99.46	1	0.54
1959	131	131	100.00	—	—
1958	91	91	100.00	—	—
1957	1,122	1,122	100.00	—	—
1956	594	594	100.00	—	—
1955	172	172	100.00	—	—
1954	83	83	100.00	—	—
1953	1,017	1,017	100.00	—	—
1952 and earlier	555	555	100.00	—	—
TOTALS	5,954	5,950	99.93	4	0.07

B—Other Inspections

Number of Special Inspections ...	4,824
Number of re-inspections	4,700
TOTAL ...	9,524

The number of children examined at periodical medical inspections was 5,954 against 6,643 in 1966.

The number of re-inspections was 4,700 against 3,644, and the number of special inspections was 4,824 against 4,015 in 1966. The continued co-operation and collaboration of the teaching staff is gratefully acknowledged. Without this it would not have been possible to arrange the routine medical inspections.

Percentage of parents attending medical inspections:

	1967	1966	1965
Entrants	86.0	83.7	96.5
Intermediate	65.7	78.0	63.4
Leavers	14.9	20.3	24.1
Average	59.2	64.4	68.6

C—Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

Age groups Inspected (by year of birth)	*For defective vision (excluding squint)*	*For any of the other conditions recorded in Part I I*	*Total individual pupils*
(1)	(2)	(3)	(4)
1963 and later	10	76	86
1962	26	209	233
1961	20	154	172
1960	12	63	75
1959	9	37	42
1958	9	33	34
1957	114	158	267
1956	60	102	155
1955	24	28	51
1954	13	14	27
1953	143	69	210
1952 and earlier	60	56	111
TOTAL	500	999	1,463

(ii)—Special Inspections

Defect or Disease	*Pupils requiring treatment*	*Pupils requiring observation*
Skin	—	—
Eyes:		
(*a*) Vision	92	—
(*b*) Squint	9	—
(*c*) Other	—	—
Ears:		
(*a*) Hearing	16	—
(*b*) Otitis media	1	—
(*c*) Other	—	—
Nose and Throat	16	—
Speech	29	—
Lymphatic glands	1	—
Heart	1	—
Lungs	4	—
Development:		
(*a*) Hernia	—	—
(*b*) Other	—	—
Orthopaedic:		
(*a*) Posture	2	—
(*b*) Feet	22	—
(*c*) Other	12	—
Nervous System:		
(*a*) Epilepsy	1	—
(*b*) Other	1	—
Psychological:		
(*a*) Development	5	—
(*b*) Stability	1	—
Abdomen	1	—
Other	3	—

(iii)—Incidence of Defects Found at Periodic Inspection Found to Require Treatment Per 1,000 Pupils Examined

	1967	1966	1965
Total children examined	5,954	6,643	6,062
Skin...	20.3	17.2	15.5
Eyes:			
(*a*) Vision	84.0	105.4	79.6
(*b*) Squint	13.9	13.5	21.4
(*c*) Other	4.2	1.8	2.6
Ears:			
(*a*) Hearing	26.0	18.2	23.6
(*b*) Otitis media	1.5	0.3	1.5
(*c*) Other	8.6	0.9	1.6
Nose and Throat	20.0	18.8	25.0
Speech	16.1	17.9	5.1
Lymphatic glands...	0.7	0.6	1.2
Heart	5.5	6.8	21.9
Lungs	9.7	8.9	5.9
Developmental:			
(*a*) Hernia	1.7	0.6	0.9
(*b*) Other	4.5	2.0	2.3
Orthopaedic:			
(*a*) Posture	4.4	2.7	7.5
(*b*) Feet	24.4	17.3	21.1
(*c*) Other	15.7	10.5	10.5
Nervous System:			
(*a*) Epilepsy	2.9	2.9	2.9
(*b*) Other	5.4	1.7	1.9
Psychological:			
(*a*) Development	1.5	2.3	0.9
(*b*) Stability	2.2	0.8	1.3
Abdomen	3.7	2.3	2.9
Other	3.5	1.7	3.1

D—Defects Found by Medical Inspection During the Year

(i)—Periodic Inspections

Defect or Disease		PERIODIC INSPECTIONS			
		Entrants	*Leavers*	*Others*	*Total*
Skin...	T	42	35	44	121
	O	44	78	43	165
Eyes:					
(*a*) Vision	T	75	196	229	500
	O	150	43	69	262
(*b*) Squint	T	39	7	37	83
	O	7	2	6	15
(*c*) Other	T	7	7	11	25
	O	11	6	11	28
Ears:					
(*a*) Hearing	T	94	7	54	155
	O	17	4	9	30
(*b*) Otitis media ...	T	7	1	1	9
	O	16	—	6	22
(*c*) Other	T	40	1	7	48
	O	40	4	11	55
Nose and Throat	T	76	10	32	118
	O	278	25	78	381
Speech	T	60	2	34	96
	O	60	3	8	71
Lymphatic Glands ...	T	3	—	1	4
	O	50	1	3	54
Heart	T	16	5	12	33
	O	26	17	13	56
Lungs	T	31	4	22	57
	O	113	24	55	192
Development:					
(*a*) Hernia	T	7	—	3	10
	O	2	—	5	7
(*b*) Other	T	13	1	13	27
	O	33	3	35	71
Orthopaedic:					
(*a*) Posture	T	10	2	14	26
	O	15	27	50	92
(*b*) Feet	T	63	28	54	145
	O	43	41	60	144
(*c*) Other	T	53	8	32	93
	O	45	21	63	129
Nervous System:					
(*a*) Epilepsy	T	3	5	9	17
	O	4	1	4	9
(*b*) Other	T	12	5	15	32
	O	123	6	50	179
Psychological:					
(*a*) Development ...	T	3	1	5	9
	O	31	4	19	54
(*b*) Stability	T	4	4	5	13
	O	51	30	69	150
Abdomen	T	10	5	2	17
	O	17	13	28	58
Other	T	2	6	13	21
	O	68	55	100	223

T—Treat O—Observe

E—Number of children examined other than at Routine Medical Inspections

Pupils presented by a teacher or parent for suspected defect:	
In schools	33
In clinic	592
Other special inspections for mental and physical defects, employments, boarded-out children etc.	4,199
Total ...	4,824
Re-inspection of pupils previously found to have some defect:	
In schools	2,245
In clinic	2,455
Total ...	4,700

F—Prophylaxis against Diphtheria, Tetanus and Poliomyelitis

Number of sessions:	
At school	35
At clinic	41
Number of attendances:	
At school	2,121
At clinic	1174

G—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	203
Errors of refraction (including squint)	2,134
Total	2,337
Number of pupils for whom spectacles were prescribed	593

Defective Vision:

During the year 139 sessions were held. Total number of cases dealt with was 1,373 (1966—1,562). There were 517 new cases (including squints) (1966—466). Glasses were prescribed for 593 children (1966—638).

H—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment:	
(*a*) for diseases of the ear	49
(*b*) for adenoids and chronic tonsillitis	333
(*c*) for other nose and throat conditions	12
Received other forms of treatment	103
Total	497
Total number of pupils in schools who are known to have been provided with hearing aids:	
(*a*) in 1967	14
(*b*) in previous years	46

I—Cardiac Defects

Types of suspected heart defects seen during the year

	Infants	*Juniors*	*Seniors*	TOTAL
No abnormality discovered	–	–	–	–
Reports awaited	3	–	–	3
Incidental murmur	1	3	–	4
Systolic murmur	–	2	3	5
Coarctation of the Aorta...	1	–	–	1
Totals ...	5	5	3	13

During the year 13 new cases were referred to Dr. Kemball Price, Consultant Cardiologist, at the Royal Sussex County Hospital, as compared with 10 in 1966. 6 re-examinations were carried out, 4 boys and 2 girls.

J—Orthopaedic and Postural Defects

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients' departments	263
(*b*) Pupils treated at schools for postural defects	—
Total	263

K—Skin Diseases

	Number of individual pupils known to have been treated
Ringworm:	
(*a*) Scalp	1
(*b*) Body	—
Scabies	18
Impetigo	49
Eczema	3
Other skin diseases (Acne, urticaria, herpes-simplex, rashes)	278
Plantar warts	53
Other warts	54
Total	456

L—Other Treatments

Other treatment given

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	1,484
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.C.G. vaccination	1,375
Total	2,859

M—Infestation With Vermin

	1967	1966
(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	64,324	59,000
(ii) Total number of individual pupils found to be infested ...	137	187
(iii) Number of instances of infestation	439	523
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944) ...	6	55
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944) ...	2	3

N—Nurses' Inspections

	1967	1966
Cleanliness examinations of children in schools... ...	64,324	59,000
Visits to school departments	2,902	1,823
Number of home visits	2,194	1,459
Number of vision tests—5-11	8,552	4,101
11+	8,472	3,942
Number of audiology sessions:		
(a) in schools	244	262
(b) at Sussex Street Clinic	142	130
Mothercraft and Health Education Talks	32	69
Child Care examinations	18	9
Additional duties carried out during the year:		
B.C.G. sessions...	75	60
Poliomyelitis vaccination clinics	45	53
The Superintendent School Nurse paid 474 visits to school departments as under:		
Mothercraft Talks	349	319
Health Education	81	77
Other visits	44	20

III—HANDICAPPED PUPILS

	(1) Blind	(2) Partially Sighted	(3) Deaf	(4) Partially Hearing	(5) Physically Handicapped	(6) Delicate	(7) Maladjusted	(8) Educationally Sub-normal	(9) Epileptic	(10) Speech Defects	TOTALS (1)-(10)
IN THE CALENDAR YEAR: Handicapped Pupils											
A. Newly assessed as needing special educational treatment at special schools or in boarding homes... ...	1	—	2	4	1	2	12	36	1	—	59
B. (i) Included at A above and newly placed in special schools or boarding homes	1	—	2	4	—	2	7	14	—	—	30
(ii) Assessed prior to January, 1967 and newly placed in special schools or boarding homes	—	—	—	1	1	2	5	22	2	—	33
TOTAL B. (i) and B. (ii) ...	1	—	2	5	1	4	12	36	2	—	63
AS AT 18TH JANUARY, 1968:											
C. Number requiring (a) Day places in special schools ...	—	—	—	—	—	—	—	46	—	—	46
(b) Boarding schools ...	—	—	—	—	1	—	7	1	—	—	9
D. (i) Number on the registers of:											
(1) Maintained special schools as (a) day pupils	—	—	—	—	—	—	—	193	—	—	193
(b) boarding pupils	—	—	—	—	—	—	8	1	—	—	9
(2) Non-maintained special schools as (a) day pupils	—	—	—	4	—	—	—	—	—	—	4
(b) boarding pupils	2	2	2	3	3	9	1	4	3	—	29
TOTAL...	2	2	2	7	3	9	9	198	3	—	235
(ii) Independent schools under arrangements made by the authority	—	—	11	—	—	—	19	3	—	—	33
TOTAL (D. (i) and D. (ii)) ...	2	2	13	7	3	9	28	201	3	—	268
D. (iii) Boarded in homes and not included in (i) or (ii) ...	—	—	—	—	—	—	—	—	—	—	—
TOTAL (D. (i) (ii) and (iii))	2	2	13	7	3	9	28	201	3	—	268
E. Number being treated under arrangements made in accordance with Section 56 of the Education Act, 1954 ...											
(i) in hospitals	—	—	—	—	6	—	—	—	—	—	6
(ii) in other groups ...	—	1	—	—	24	2	—	—	—	—	27
(iii) at home	—	—	—	—	4	—	1	—	—	—	5

IV—CENTRAL AND BRANCH CLINICS

Clinic	*Times of Attendance*	*Work undertaken*
Central School Clinic: Sussex Street	Full-time	Centre of examination of special cases, ophthalmic, orthopaedic, audiology and speech clinics. Consultation, minor ailment and immunisation clinics. Routine dental treatment and dental treatment of emergency cases. General anaesthetics and dental radiography. Child Welfare appointments. Verminous treatment.
Branch Medical Clinics:		
Moulsecoomb Clinic	Tuesday mornings Wednesday mornings Thursday mornings Friday mornings	Minor ailment and inspection clinic (Nurse only)
Whitehawk Clinic	Tuesday mornings Friday all day	Minor ailment (Nurse only)
Woodingdean School	Wednesday afternoons	Minor ailment (Nurse only)
Carden School	Monday all day	Speech Therapy
Bevendean School	Monday afternoon	Speech Therapy
Whitehawk School	Tuesday all day	Speech Therapy
Moulsecoomb School	Wednesday all day	Speech Therapy
Woodside School	Tuesday morning Thursday afternoon Friday afternoon	Speech Therapy
Balfour School	Thursday morning	Speech Therapy
Woodingdean School	Friday all day	Speech Therapy
Patcham House	Monday morning Wednesday morning Friday morning	Speech Therapy
Branch Dental Clinics:		
Carden School	Tuesday mornings Friday mornings	Emergency cases followed by appointments
Moulsecoomb School	Each morning	Routine treatment by appointment Emergency cases followed by appointments
Whitehawk Child Welfare Centre	Monday and Thursday mornings	Emergency cases followed by appointments
Longhill School	Monday and Friday mornings Thursday all day	Routine treatment by appointment Emergency cases followed by appointments

Consultation Clinics

592 children made 840 attendances at this clinic as compared with 670 children and 886 attendances in 1966.

Minor Ailment Clinics

Condition	Sussex Street			Moulsecoomb			Whitehawk			Woodingdean			Total	
	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases 1967	Cases 1966
External Eye														
Blepharitis	15	14	29	1	2	3	3	—	3	1	—	1	20	22
Conjunctivitis	74	55	129	6	2	8	5	5	10	1	—	1	86	51
Other... ...	71	10	81	14	26	40	4	4	8	8	—	8	97	214
Ear:														
Earache ...	10	3	13	1	3	4	4	7	11	2	—	2	17	13
Ottorhoea ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Deafness ...	4	—	4	1	—	1	—	—	—	—	—	—	5	15
Other... ...	21	6	27	—	—	—	—	—	—	2	—	2	23	20
Skin:														
Ringworm—														
Scalp ...	1	1	2	—	—	—	—	—	—	—	—	—	1	—
Body ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scabies ...	13	17	30	5	5	10	—	—	—	—	—	—	18	30
Impetigo ...	7	17	24	39	34	73	1	—	1	2	1	3	49	18
Eczema ...	2	—	2	—	—	—	—	—	—	1	—	1	3	8
Other skin ...	69	47	116	89	76	165	69	82	151	51	1	52	278	95
Plantar warts	43	1	44	4	—	4	3	1	4	3	1	4	53	64
Other warts ...	28	3	31	25	123	148	1	—	1	—	—	—	54	46
Minor injuries ...	118	103	221	98	125	223	—	—	—	113	—	113	329	163
Septic sores ...	30	63	93	92	195	287	7	19	26	8	4	12	137	164
Grazes, cuts and burns... ...	42	47	89	45	37	82	29	54	83	105	—	105	221	208
Other	41	39	80	—	—	—	—	—	—	52	—	52	93	59
Total ...													1,484	1,190

	1967	1966
Number of cases treated at all Minor Ailment Clinics	1,484	1,190
Total number of attendances at all Minor Ailment Clinics ...	2,717	2,063